

Jimmie Stephens C56483

Name and Prisoner/Booking Number

Solano State Prison

Place of Confinement

P.O. Box 4000 SOL C-13-9-1-L

Mailing Address

Vacaville California 95696-4000

City, State, Zip Code

FILED

APR 12 2023

CLERK, U.S. DISTRICT COURT
EASTERN DISTRICT OF CALIFORNIA
BY Gms
DEPUTY CLERK

(Failure to notify the Court of your change of address may result in dismissal of this action.)

**IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF CALIFORNIA**

Jimmie Stephens

(Full Name of Plaintiff)

Plaintiff,

v.

CASE NO. CV-22-01791-EFB

(To be supplied by the Clerk)

(1) M. Felder-CME

(Full Name of Defendant)

(2) S. Gates-Sacramento

(3)

(4)

Defendant(s).

**CIVIL RIGHTS COMPLAINT
BY A PRISONER**☒ Original Complaint☐ First Amended Complaint☒ Second Amended Complaint☐ Check if there are additional Defendants and attach page 1-A listing them.

JURY TRIAL..

A. JURISDICTION

1. This Court has jurisdiction over this action pursuant to:

☒ 28 U.S.C. § 1343(a); 42 U.S.C. § 1983☐ 28 U.S.C. § 1331; Bivens v. Six Unknown Federal Narcotics Agents, 403 U.S. 388 (1971).☒ Other: 28 USC 1367, AB-3121.. 28 USC 1915g..

2. Institution/city where violation occurred: Solano State Prison..

Haines v Kerner 404 US 519..(1969)..Less stringent standard than
Law trained Attorney..

B. DEFENDANTS

1. Name of first Defendant: M. Felder. The first Defendant is employed as:
CME at Solano Prison..2100 Peabody RD.
(Position and Title) Vacaville Ca 95696 (Institution)
2. Name of second Defendant: S. Gates. The second Defendant is employed as:
Chief Appeals at 1515 State st..Sacramento Calif.
(Position and Title) (Institution)
3. Name of third Defendant: _____. The third Defendant is employed as:
_____ at _____
(Position and Title) (Institution)
4. Name of fourth Defendant: _____. The fourth Defendant is employed as:
_____ at _____
(Position and Title) (Institution)

If you name more than four Defendants, answer the questions listed above for each additional Defendant on a separate page.

C. PREVIOUS LAWSUITS

1. Have you filed any other lawsuits while you were a prisoner? ☐ Yes ☐ No
28 USC Applicable..1915g..
2. If yes, how many lawsuits have you filed? _____. Describe the previous lawsuits:
 - a. First prior lawsuit:
 1. Parties: _____ v. _____
 2. Court and case number: _____
 3. Result: (Was the case dismissed? Was it appealed? Is it still pending?) _____
 - b. Second prior lawsuit:
 1. Parties: _____ v. _____
 2. Court and case number: _____
 3. Result: (Was the case dismissed? Was it appealed? Is it still pending?) _____
 - c. Third prior lawsuit:
 1. Parties: _____ v. _____
 2. Court and case number: _____
 3. Result: (Was the case dismissed? Was it appealed? Is it still pending?) _____

If you filed more than three lawsuits, answer the questions listed above for each additional lawsuit on a separate page.

(EX 1-5)

D. CAUSE OF ACTION

CLAIM I

1. State the constitutional or other federal civil right that was violated: 8TH Amendment..
Deliberate Indifference-Reckless Disregard to Serious Medical..
IMMINENT DANGER SERIOUS PHYSICAL HARM,INJURY..
2. **Claim I.** Identify the issue involved. Check only one. State additional issues in separate claims.
- | | | | |
|--------------------------------------------------------|-------------------------------------------|-----------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Basic necessities | <input type="checkbox"/> Mail | <input type="checkbox"/> Access to the court | <input checked="" type="checkbox"/> Medical care |
| <input type="checkbox"/> Disciplinary proceedings | <input type="checkbox"/> Property | <input type="checkbox"/> Exercise of religion | <input type="checkbox"/> Retaliation |
| <input type="checkbox"/> Excessive force by an officer | <input type="checkbox"/> Threat to safety | <input type="checkbox"/> Other: _____ | |
3. **Supporting Facts.** State as briefly as possible the FACTS supporting Claim I. Describe exactly what **each Defendant** did or did not do that violated your rights. State the facts clearly in your own words without citing legal authority or arguments.
- Plaintiff is being Denied Serious Medical Treatment,when Denied
Sildenafil,of 5-25-22,8-9-22,& 8-9-22,ongoing by CME Felder,a Blood
Flow,medication for Erectile Abnormalities of the Viens,Arteries,as
Plaintiff Arteries,Viens does not allow Adequate Blood Flow or any at
all,when Prescribed by Specialist Urologist Hsieh of 5-16-22,whom De-
fense is Sildenafil is Non-Formalotory,which plaintiff met,when pres-
cribed by Specialist on 5-16-22,Dr Hsieh..CCHCS #3,5,4..# 4..
Dr Sabeen did prescribe Sildenafil on or about 8-20-22,and was
Revoked,Interfered,again by Felder,whereas Denial of Treatment,worsen-
ing,Pain in Groin,Pain in Testicles,with side-effects of Bleeding of
penis,when refusal to overcome Abnormal,Blood Flow for satisfaction,
when overdue,and Groin pains,Testicle pains,ongoing..
Dr Broskie,Aung, also Prescribed Sildenafil-Ultra sound as alter-
native,from Serious Radiation,Prostate Cancer,Blood Flow,with Risks
of Heart Attacks,Strokes,Blood Clots,Death,ongoing..28 USC 1915g,appli-
cable when Risks of Serious Physical Harm-Injury,ongoing..
- "Gates states of 5-13-22 and 9-6-22,"NO INJURIES EXIST FOR TREATMENT"..
 4. Injury. State how you were injured by the actions or inactions of the Defendant(s).
Felder Refusal to abide by Specialist Orders violate CCHCS 3,5,4
Non-Formulatory Treatment,for Serious Medical care,when Prescribed
by Licensed Doctors. When AFRICAN AMERICAN-BLACK..AB-3121..
5. **Administrative Remedies:**
- Are there any administrative remedies (grievance procedures or administrative appeals) available at your institution? ☒ Yes ☐ No
 - Did you submit a request for administrative relief on Claim I? ☒ Yes ☐ No
 - Did you appeal your request for relief on Claim I to the highest level? ☒ Yes ☐ No
 - If you did not submit or appeal a request for administrative relief at any level, briefly explain why you did not. _____

"MONETARY REASONS FOR"

"DENIAL SILDENAFIL"..

1..M.Felder..

2..S.Gates..

(EX 1-5)

Defendant Gates on several including 5-13-22 and 9-6-22, (Appeals) did Deny Treatment of Sildenafil, after denial by Felder..As headquarters have authority over Felder, but Felder outright Denied Sildenafil, on several occasions..As Gates Concurred with Felder. Whereas 8th Amendment Right to Treatment Denied, ongoing..

"Medicines(Sildenafil) may be Expensive, but don't excuse Defendants"..

Gates Defense is Plaintiff has no condition for use of Sildenafil, or Dr Hsieh, Broskie, Aung, and Sabeen are Lying..

Rosado v Alamedia 349 F.SUPP 2D, 1340-48.. State must provide Treatment..(Sildenafil).. 8th Amendment..

IMMINENT DANGER SERIOUS PHYSICAL HARM, INJURY, ONGOING..
28 USC 1915g..

Gates and Felder, Defendants Both in concert uses the same Defense, to Denial of Serious Medical Treatment, Gates of 5-13-22, and, 9-6-22, Felder on 2-18-22, 5-25-22, and 8-9-22, 11-1-22, ongoing Denial of Sildenafil-Ultra Sound, and cites CCHCS # 3, 5, 4, which plaintiff has read and Qualifies for Sildenafil, but still Denied..

CCHCS: States "DRUG FORMULARY" "JUSTIFICATION FOR NON-FORMULARY" "DRUG"..

- 1..Patient is a new arrival..
- 2..Documented Treatment Failures with Listed Formulary Medicines..
- 3..Documented Allergy side-effects preventing Formulary..
- 4..Medication Recommended by Specialist..
- 5..Medicines have potential to prevent Mortality and Morbidity, when Formulary do not exist..

8TH Amendment violated by Gates and Felder for Refusing to Treat, by Formulary or Non-Formulary Medicines.. "CCHCS # 3, 5, 4"..

3-a

Jones v Johnson 781 F2D, 71, 72.. (9th 1986).. States Budgetary, Restrictions by Supervisors, are Liable..

(EX 1-5)

CLAIM II

1. State the constitutional or other federal civil right that was violated: **8TH Amendment..**
Interfering with Prescribed Treatment, Deliberate Indifference..

IMMINENT DANGER SERIOUS HARM, INJURY, ONGOING..

2. **Claim II.** Identify the issue involved. Check **only one**. State additional issues in separate claims.

☐ Basic necessities ☐ Mail ☐ Access to the court ☒ Medical care
☐ Disciplinary proceedings ☐ Property ☐ Exercise of religion ☐ Retaliation
☐ Excessive force by an officer ☐ Threat to safety ☐ Other: _____

3. **Supporting Facts.** State as briefly as possible the FACTS supporting Claim II. Describe exactly what each Defendant did or did not do that violated your rights. State the facts clearly in your own words without citing legal authority or arguments.

Dr Hsieh did Prescribe Sildenafil of 5-16-22, as well as Dr

Sabeen of 8-23-22, as both Denied by Felder, for Serious Blood Flow of Viens, Arteries affecting Erectile Abnormalities, causing Pain of the Groin, testicles, by Interfering with Treatment on or about 9-1-22, ongoing.. Dr Sabeen was no longer Plaintiff PCP Doctor, after 8-23-22..

Risk of Harm, Injury, Physical, Imminent Danger.. 28 USC 1915g.. with further Risks of Strokes, Heart Attacks, Viens Worsening, from Denial of Sildenafil-Ultra Sound, ongoing.. Caused by Radiation for Treatment of Prostate Cancer, with Risks of Death, ongoing..

Sildenafil-Ultra Sound Treatments opens up the Viens, Arteries, Heart, for Blood Flow to areas of need such as Penis, which prevents Blood Clots, by Restoring Blood Flow.. All Denied by Felder.. When Plaintiff met the Requirements of Non-Formulary CCHCS #3, 5, 4..

When Approved by Specialist Hsieh of 5-16-22, a total, 4 Doctors.. As Risks of Deep Vein Thrombosis or (DVT) affecting 300,000 to 600,000 Deaths per year in U.S.

S.Gates Defendant stated no Documentation, plaintiff condition met Non-Formulary use of Sildenafil Dated 5-13-22 and 9-8-22.. (EX # 3, 4, 5) Acts by Gates are Deliberate and Reckless, when serious Medical Denied..

4. **Injury.** State how you were injured by the actions or inactions of the Defendant(s).
Circulation of Viens, Arteries, for Blood Flow to vital areas, Heart, Penis, by Treatment of Sildenafil and Normal Blood Flow, all Denied by Felder, ongoing.. Interfering with Nature's Natural Sex Organ functions..

5. **Administrative Remedies.**

- a. Are there any administrative remedies (grievance procedures or administrative appeals) available at your institution? ☒ Yes ☐ No
b. Did you submit a request for administrative relief on Claim II? ☒ Yes ☐ No
c. Did you appeal your request for relief on Claim II to the highest level? ☒ Yes ☐ No
d. If you did not submit or appeal a request for administrative relief at any level, briefly explain why you did not. _____

Estelle v Gamble 429 US 97.. (1976).. State Intentionally Interfering with Treatment once prescribed..
Andrews v Cervantes 493 F3d, 1047, 1055.. (9th 2007).. Imminent, Danger..

CLAIM III

(EX 1-5)

8TH Amendment..

1. State the constitutional or other federal civil right that was violated:
Cruel and Unusual Punishment..Deliberate Indifference to Medical..
IMMINENT DANGER SERIOUS PHYSICAL HARM, INJURY, ONGOING..

2. **Claim III.** Identify the issue involved. Check **only one**. State additional issues in separate claims.

- | | | | |
|--------------------------------------------------------|-------------------------------------------|-----------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Basic necessities | <input type="checkbox"/> Mail | <input type="checkbox"/> Access to the court | <input checked="" type="checkbox"/> Medical care |
| <input type="checkbox"/> Disciplinary proceedings | <input type="checkbox"/> Property | <input type="checkbox"/> Exercise of religion | <input type="checkbox"/> Retaliation |
| <input type="checkbox"/> Excessive force by an officer | <input type="checkbox"/> Threat to safety | <input type="checkbox"/> Other: _____ | |

3. **Supporting Facts.** State as briefly as possible the FACTS supporting Claim III. Describe exactly what each Defendant did or did not do that violated your rights. State the facts clearly in your own words without citing legal authority or arguments.

Plaintiff has been subjected to Intentional Serious Medical,
Denial of Treatment by CME Felder, when Prescribed by Specialist of
5-16-22, and 3 other Doctors, Sabeen, Boskie, Aung, all Denied..
Plaintiff Denied Treatment by Felder since 2-18-22, ongoing, for
Side-Effects of Radiation-Prostate Cancer, with Risks of Serious Phy-
sical Harm, Injury, Imminent Danger, when Serious Blood Flow of Viens,
Arteries, causing Penis Abnormalities, with pain in Groin Area, Pain in
Testicles, amounting to Cruel and Unusual punishment, by Failing to
Treat, Refusal to Treat, Denial of Treatment, with further Risks of Str-
okes, Heart Attacks, from Clogged Viens, Arteries, Erectile Abnormalities,
Dysfunctions, ongoing, with Risks of Death..
Felder Failed to Treat with Sildenafil as well as Ultra Sound,
known also to restore Circulation from areas of Radiation Injuries,
of 5-28-20, for Prostate Cancer, ongoing.. Natural functions Destroyed..
Felders Defense is Non-Formulatory under CCHCS # 3,5,4, when App-
proved, Prescribed, Sildenafil-Ultra Sound by Specialist Hsieh of 5-16-22..
S.Gates, agreed with Felder, of not meeting use of Sildenafil..

4. **Injury.** State how you were injured by the actions or inactions of the Defendant(s).
Plaintiff is suffering Groin, testicle pain, with Nexus to the
Circulation of Blood, where Radiation occurred, Prostate, Penis, Testi-
cles, causing Erectile Dysfunctions with Risks of Death..

5. **Administrative Remedies.**

- a. Are there any administrative remedies (grievance procedures or administrative appeals) available at your institution? ☒ Yes ☐ No
- b. Did you submit a request for administrative relief on Claim III? ☒ Yes ☐ No
- c. Did you appeal your request for relief on Claim III to the highest level? ☒ Yes ☐ No
- d. If you did not submit or appeal a request for administrative relief at any level, briefly explain why you did not. _____

If you assert more than three Claims, answer the questions listed above for each additional Claim on a separate page.

E. REQUEST FOR RELIEF

(Each Defendant)

State the relief you are seeking:

- 1..Damages in Sum of \$500,000 per Defendant plus "5" Million punitive..
- 2..Injunction/Declaratory Relief.. or (Five Million Dollars)
- 3..Appointment of Attorney.. plus; (Five Hundred Thousand)
- 4..Cost of Suit..
- 5..Judicial Notice of AB-3121, Discrimination as to African Americans..
- 6..Any other Relief by this Court..
- 7..ORDER, Defendants prescribe Treatment by KOP, Carry on Meds., when Needed..Forthwith..(Sildenafil)

I declare under penalty of perjury that the foregoing is true and correct

Executed on 4-9-23
DATE


SIGNATURE OF PLAINTIFF

(Name and title of paralegal, legal assistant, or
other person who helped prepare this complaint)

(Signature of attorney, if any)

(Attorney's address & telephone number)

ADDITIONAL PAGES

All questions must be answered concisely in the proper space on the form. If you need more space you may attach more pages, but you are strongly encouraged to limit your complaint to twenty-five pages. If you attach additional pages, be sure to identify which section of the complaint is being continued and number all pages. Remember, there is no need to attach exhibits to your complaint.

Exhibit 1..

(EX 1-5)

Dr Sabeen Ordered, Prescribed Urologist Hsieh, Order of 8-23-22, and was not plaintiff PCP Doctor any more..

Dr Kuerstein also aware of plaintiff need for Treatment, as Plaintiff reviewed for Groin pains of 10-3-22..

Message

STEPHENS, JIMMIE EARL - C56483 - 07/18/52

From: Sabeen Munib, Physician & Surgeon
Sent: 8/23/2022 06:26:45 PDT
To: SOL Care Team 75-87 Message Pool;
Patient's Name: STEPHENS, JIMMIE EARL
Caller Name: STEPHENS, JIMMIE EARL
Phone: -
Subject: RE:

From: Munib, Sabeen Physician & Surgeon
To: SOL Care Team 75-87 Message Pool;
Sent: 8/23/2022 06:26:45 PDT
Subject: RE:

he needs special permission from headquarters per pharmacist and Dr. Kuersten , its not covered

From: Dong, Morgan MA (SOL Care Team 75-87 Message Pool)
To: Sabeen Munib, Physician & Surgeon;
Sent: 8/20/2022 08:28:21 PDT

Patient place a 7362 into medical for the following medications: Sildenafil 100mg

Expired Date: 7/22/2022

Would you like to renew medication?

Morgan RMA

Printed By : MORGAN.DONG
Printed On : 8/24/2022 11:06:17 PDT

Page 1 of 2

rec

8-24-23

JIMMIE STEPHENS
C56483

Good Morning/ Good Afternoon,

You placed a 7362 into medical for the follow request for: Sildenafil . You do not have a current order. I message the doctor as well for renewal. You need to place a new 7362 into medical to be re-evaluated by your PCP, If you want to continue this medication.

Thank you,

Dong, Morgan MA

Sincerely,

California Correctional Health Care Services

8-2

SOL - California State Prison, Solano

2100 Peabody Road
P.O. Box 4000
Vacaville, CA 95696-

Patient: STEPHENS, JIMMIE EARL
DOB/Age/Birth Gender: 7/18/1952 70 years Male
Gender Identity: Male
Encounter Date: 3/25/2020
Attending: Aung,Nay P&S

CDCR #: C56483
PID #: 11088492
Referring:

Progress Notes

Document Type:	Outpatient Progress Note
Document Subject:	Office Visit Note
Service Date/Time:	7/25/2022 11:03 PDT
Result Status:	Auth (Verified)
Perform Information:	Munib,Sabeen Physician & Surgeon (7/25/2022 11:06 PDT)
Sign Information:	Munib,Sabeen Physician & Surgeon (7/25/2022 11:06 PDT)
Authentication Information:	Munib,Sabeen Physician & Surgeon (7/25/2022 11:06 PDT)

Chief Complaint

follow up with FIT test

History of Present Illness

Mr. STEPHENS, JIMMIE EARL is a 70 Years old Black Male patient who is being seen today for F/U positive stool fit test

Patient results for stool test were positive on 5/25/2022, done in had colonoscopy done in 2020 showing a sessile polyp which was removed. Also he has internal hemorrhoids. He does report dark blood in stool occasionally. Denies any fatigue shortness of breath chest pain.

Patient is also requesting sildenafil which she was prescribed by urologist for erectile dysfunction post prostate surgery.

Review of Systems**Short ROS:**

CONSTITUTIONAL: No fever, chills or weight loss. EYES: No blurry vision or double vision. ENT: No sore throat or earache. RESPIRATORY: No cough or wheezing. CARDIOVASCULAR: No chest pain, SOB, or palpitations. GASTROINTESTINAL: No nausea, vomiting, no diarrhea, no rectal bleeding, no melanotic stools. GENITOURINARY: No hematuria or dysuria. NEUROLOGIC: No syncope, seizure, or dizziness. MUSCULOSKELETAL: No joint pain, swelling, or stiffness. SKIN: No rash or lesions.

Physical Exam**Vitals & Measurements**

T: 36.8 °C (Oral) **HR:** 61 (Peripheral) **RR:** 16 **BP:** 139/85 **SpO2:** 97%

WT: 77.5 kg **WT:** 77.5 kg (Wt dosing)

General: Alert and oriented, No acute distress.

Respiratory: Lungs are clear to auscultation.

Cardiovascular: Normal rate, Regular rhythm, No murmur, No gallop. No Edema.

Integumentary: No pallor.

Problem List/Past Medical History**Ongoing**

Allergic rhinitis
BPH with obstruction/lower urinary tract symptoms
Constipation
Dyslipidemia
Hemorrhoids, internal
History of prostate cancer
HTN (hypertension)
Hx Dysplastic polyp of colon
Lumbago
Vitamin D deficiency

Historical

Nonspecific reaction to tuberculin test

Procedure/Surgical History

Colonoscopy through stoma; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure) (11/10/2020), Colonoscopy through stoma; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure) (03/24/2017).

Medications**Active Medications:**

1-acetaminophen 325 mg Tab
(acetaminophen 325 mg) 650 mg 2 tab Oral
TID-KOP KOP PRN: pain
amLODIPine 10 mg 1 tab Oral Daily-KOP
KOP
1-aspirin EC 81 mg Tab-DR (ASPIRIN EC 81

Legend: c=Corrected, @=Abnormal, C=Critical, L=Low, H=High, f=Result Comment, i=Interp Data, *=Performing Lab

Report Request ID: 59292132

Print Date/Time: 8/25/2022 10:57 PDT

WARNING: This report contains confidential, proprietary, and/or legally privileged information intended for the recipient only.

Patient: STEPHENS, JIMMIE EARL
DOB/Age/Birth Gender: 7/18/1952 / 70 years / Male CDCR: C56483

Progress Notes

Assessment/Plan

1. Occult blood in stool
Colonoscopy as ordered

2. ED (erectile dysfunction)
Sildenafil as prescribed

Ordered:

sildenafil, 1, tab, Oral, Tab, Daily, PRN other (see comment), Administration Type DOT,
Medication Indication rec by urologist, NA, NA, Order Duration: 90 NA day, Stop Date:
10/24/22 6:59:00 PDT, First Dose: 07/26/22 7:00:00 PDT, 07/26/22 7:00:00 PDT

MG TABLET UD) 81 mg 1 tab Oral
Daily-KOP KOP
atorvastatin 20 mg 1 tab Oral qPM-KOP KOP
calcium carbonate 500 mg Tab-Chew (Tums
500 mg , chewable) 1,000 mg 2 tab
Chewed TID-KOP KOP PRN: heartburn
capsaicin 0.025% Cream 60 gm (capsaicin
0.025% topical cream) 1 app Topical
BID-KOP KOP PRN: knee pain
cholecalciferol 1,000 unit Tab (Vitamin
D3) 1,000 unit 1 tab Oral Daily-KOP KOP
hydroCHLORothiazide 25 mg 1 tab Oral
Daily-KOP KOP
hydrocortisone topical 1% Cream 30 gm
(hydrocortisone 1% topical cream) 1 app
Topical BID-KOP KOP
lactulose 20 gm 30 mL Oral Daily-KOP KOP
PRN: constipation
phenylephrine-cocoa butter 0.25% Supp
(phenylephrine 0.25% rectal suppository) 1
supp Per rectum Daily-KOP KOP
1-polycarbophil 625 mg Tab (Fiber
Lax) 1,250 mg 2 tab Oral Daily-KOP KOP
sildenafil 100 mg Tab (sildenafil 100 mg) 1
tab Oral Daily DOT PRN: other (see
comment)
terazosin 5 mg 1 cap Oral qPM-KOP KOP

Allergies

mirtazapine

Social History

Alcohol

Former, Beer

Substance Abuse

Never

Tobacco

Former, Cigarettes

Family History

Heart disease: Mother.

Hyperlipidemia: Mother.

Hypertension: Mother.

Stroke: Mother.

Unknown: Father.

Immunizations

Event Name	Event Result	Date/Time
hepatitis B	20 mcg	09/17/18
adult vaccine		08:36:00

Legend: c=Corrected, @=Abnormal, C=Critical, L=Low, H=High, f=Result Comment, i=Interp Data, *=Performing Lab

Report Request ID: 59292132

Print Date/Time: 8/25/2022 10:57 PDT

WARNING: This report contains confidential, proprietary, and/or legally privileged
information intended for the recipient only.

Patient: STEPHENS, JIMMIE EARL
 DOB/Age/Birth Gender: 7/18/1952 / 70 years / Male CDCR: C56483

Progress Notes

hepatitis B adult vaccine	20 mcg	04/19/18 08:36:00
hepatitis B adult vaccine	20 mcg	03/19/18 12:04:00
influenza virus vaccine, inactivated	0.5 mL	10/15/21 12:13:00
influenza virus vaccine, inactivated	0.7 mL	10/19/20 10:37:00
influenza virus vaccine, inactivated	0.5 mL	10/23/19 08:41:00
pneumococcal 13-valent conjugate vaccine	0.5 mL	12/16/19 08:19:00
pneumococcal 23-polyvalent vaccine	0.5 mL	05/13/20 10:32:00
pneumococcal 23-polyvalent vaccine	0.5 mL	06/02/15 12:00:00
SARS-CoV-2 (COVID-19) mRNA-1273 vaccine	50 mcg	06/17/22 16:57:00
SARS-CoV-2 (COVID-19) mRNA-1273 vaccine	100 mcg	09/03/21 11:36:00
SARS-CoV-2 (COVID-19) mRNA-1273 vaccine	100 mcg	02/19/21 09:52:00

Encounter Info: Patient Name: JIMMIE STEPHENS, DOB: 07/18/1952, CDCR: C56483, FIN: 10000001311088492C56483, Facility: SOL, Encounter Type: Institutional Encounter

Legend: c=Corrected, @=Abnormal, C=Critical, L=Low, H=High, f=Result Comment, i=Interp Data, *=Performing Lab

Report Request ID: 59292132

Print Date/Time: 8/25/2022 10:57 PDT

WARNING: This report contains confidential, proprietary, and/or legally privileged information intended for the recipient only.

SOL - California State Prison, SolanoPatient: **STEPHENS, JIMMIE EARL**

DOB/Age/Birth Gender: 7/18/1952 / 70 years / Male

CDCR: C56483

Orders**Patient Care****Order: 7362 Medical Routine Follow Up 20**

Order Date/Time: 10/3/2022 14:36 PDT

Order Start Date/Time: 10/17/2022 10:50 PDT

Order Status: Completed

Department Status: Completed

Activity Type: Follow-up

End-state Date/Time: 10/17/2022 12:06 PDT

End-state Reason:

Ordering Physician: Kuersten, Martin CME

Consulting Physician:

Entered By: Baumert, Paul RN on 10/3/2022 14:36 PDT

Order Details: 10/17/22 10:50:00 AM PDT, *14 days, 10/17/22 23:59:00 PDT,

170.71.227.182.202210000215035773217232111#1.00, Follow up to discuss ongoing stomach cramps and groin pain.

Order Comment:

Action Type: Complete

Action Date/Time: 10/17/2022 12:06 PDT Action Personnel: Jones, Rosana MA

Responsible Provider: Kuersten, Martin CME

Supervising Provider:

Communication Type:

Order Details: 10/17/22 10:50:00 PDT, *14 days, 10/17/22 23:59:00 PDT,

170.71.227.182.202210000215035773217232111#1.00, Follow up to discuss ongoing stomach cramps and groin pain.

Review Information:

Doctor Cosign: Not Required

Order Comment: Comment Removed

Action Type: Modify

Action Date/Time: 10/14/2022 07:05 PDT Action Personnel: Patz, Madeleine OT

Responsible Provider: Kuersten, Martin CME

Supervising Provider:

Communication Type:

Order Details: 10/17/22 10:50:00 PDT, *14 days, 10/17/22 23:59:00 PDT,

170.71.227.182.202210000215035773217232111#1.00, Follow up to discuss ongoing stomach cramps and groin pain.

Review Information:

Doctor Cosign: Not Required

Order Comment: Comment Removed

Action Type: Order

Action Date/Time: 10/3/2022 14:36 PDT

Action Personnel: Baumert, Paul RN

Responsible Provider: Kuersten, Martin CME

Supervising Provider:

Communication Type: No Cosign Required

Order Details: 10/03/22 0:01:00 PDT, *14 days, 10/17/22 23:59:00 PDT,

170.71.227.182.202210000215035773217232111#1.00, Follow up to discuss ongoing stomach cramps and groin pain.

Review Information:

Doctor Cosign: Not Required

Order Comment: Comment Removed

Legend: c=Corrected, @=Abnormal, C=Critical, L=Low, H=High, f=Result Comment, i=Interp Data, *=Performing Lab

Report Request ID: 63603892

Print Date/Time: 12/20/2022 09:09 PST

WARNING: This report contains confidential, proprietary, and/or legally privileged information intended for the recipient only.

Exhibit 2..

Urologist-Specialist Ordered Sildenafil of 5-16-22,almost
one year ago..

As well as Dr Broskie of 9-19-22..Felder,Gates were are of
need for Treatment..

OneContent: Generated By tenethealth.net\SHEILA ROGERS

DOCTORS HOSPITAL OF MANTECA
1205 East North Street
Manteca, CA 95336

Name: STEPHENS, JIMMIE
MRN: 000467898
ACCT: 101680576

Kisseng Hsieh, M.D.
ADM: 05/16/2022

telemed
SOL
C 56483

Clinic Note

DATE OF SERVICE:
05/16/2022

TELE-MEDICINE CLINIC

HISTORY OF PRESENT ILLNESS:

The patient is a 69-year-old male with prostate cancer, Gleason 3+3 equals 6 involving 10% of the core. Initial PSA 4.3, who was diagnosed in 2019. He completed radiation therapy in May 2020. He presents today for a telemedicine visit. He has a good stream. He wakes up twice a night to urinate. He takes terazosin 5 mg daily. He complains of erectile dysfunction, which has been present since completion of his radiation therapy. He denies dysuria or hematuria.

ALLERGIES:

MIRTAZAPINE.

MEDICATIONS:

1. Aspirin 81 mg.
2. Terazosin 5 mg daily.
3. Capsaicin topical.
4. Lactulose.
5. Amlodipine.
6. Atorvastatin.
7. Hydrochlorothiazide.

MEDICAL HISTORY:

Elevated cholesterol, prostate cancer.

SOCIAL HISTORY:

He quit smoking.

PHYSICAL EXAMINATION:

Limited by the fact that this is a telemedicine visit.

LABORATORY DATA:

Creatinine 1.2 on 9/27/2021, PSA 0.9 on 6/20/2021, PSA 0.72 on 12/24/2021, PSA 0.651 on 3/24/2022.

IMPRESSION:

The patient is a 69-year-old male with prostate cancer, status post external beam radiation therapy. Last PSA 0.65. He has no evidence of disease. He has erectile dysfunction.

PLAN:

1. The patient complains that he has hemorrhoids. Please consider evaluation to consider gastroenterology for surgery regarding this.

Work Type: Clinic Note
T001

Work Type Code: CNT
Page: 1

DOCTORS HOSPITAL OF MANTECA
1205 East North Street
Manteca, CA 95336

Name: STEPHENS, JIMMIE
MRN: 000467898
ACCT: 101680576

Kisseng Hsieh, M.D.
ADM: 05/16/2022

Clinic Note

2. Please check his PSA every six months.
3. Continue terazosin 5 mg daily.
4. With regard to his erectile dysfunction, I recommend sildenafil 100 mg 30-60 minutes prior to intercourse. Discussed potential adverse events with the patient.

Kisseng Hsieh, M.D.

cc: Correctional Facility

TR:KH/DS
DD:05/16/2022 18:33 PDT
DT:05/17/2022 10:23 PDT
Dictation ID: 27697822/Confirmation #: 1015131

Work Type: Clinic Note
T001

Work Type Code: CNT
Page: 2

SOL - California State Prison, Solano

Patient: STEPHENS, JIMMIE EARL

DOB/Age/Birth Gender: 7/18/1952 / 70 years / Male

CDCR: C56483

Progress Notes

Document Type:	Outpatient Progress Note
Document Subject:	Office Visit Note
Service Date/Time:	9/19/2022 14:09 PDT
Result Status:	Auth (Verified)
Perform Information:	Bzoskie, Thomas P&S (9/19/2022 14:17 PDT)
Sign Information:	Bzoskie, Thomas P&S (9/19/2022 14:17 PDT)
Authentication Information:	Bzoskie, Thomas P&S (9/19/2022 14:17 PDT)

Chief Complaint

follow up with request speak to PCP of medication Sildenafil.

History of Present Illness

Patient presents to clinic with questions about sildenafil. Medication was written prior provider. Urology consultation when sildenafil for erectile dysfunction. Patient states he currently does not have family visits. Patient wonders the sildenafil as part of his cancer treatment. Pharmacy identified sildenafil as nonformulary and needing approval this message was forwarded to the CME.

Patient requesting PSA testing. Patient informed that PSA testing was scheduled for this month. CMP was added to PSA testing. Prior CMP demonstrated elevated calcium.

Patient is awaiting colonoscopy given positive fit test. Patient notes that he has hemorrhoids and states he thinks the blood is coming from his hemorrhoids. Patient denies any recent bleeding review of CBC demonstrates normal H&H.

Physical ExamVitals & Measurements

T: 37 °C (Oral) HR: 68 (Peripheral) RR: 14 BP: 131/82 SpO2: 96%

WT: 77 kg WT: 77 kg (Wt dosing)

Physical exam declined by patient at this time she will follow-up medical problems

Assessment/Plan

1. Serum calcium elevated
Recheck calcium level CMP ordered.
 2. Occult blood in stool
History of positive fit test. colonoscopy pending
Patient clinic in person exam or submit 7362 if he has further bleeding and/or any hemorrhoidal signs or symptoms/progress.
Erectile dysfunction
Patient is requesting sildenafil is nonformulary.
- Orders:
Comprehensive Metabolic Panel
Follow-up chronic care as scheduled. Continue current medications.
Return to clinic as needed

Problem List/Past Medical HistoryOngoing

Allergic rhinitis
BPH with obstruction/lower urinary tract symptoms
Constipation
Dyslipidemia
Hemorrhoids, internal
History of prostate cancer
HTN (hypertension)
Hx Dysplastic polyp of colon
Lumbago
Vitamin D deficiency

Historical

Nonspecific reaction to tuberculin test

Procedure/Surgical History

Colonoscopy through stoma; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure) (11/10/2020), Colonoscopy through stoma; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure) (03/24/2017).

MedicationsActive Medications:

1-acetaminophen 325 mg Tab
(acetaminophen 325 mg) 650 mg 2 tab Oral
TID-KOP KOP PRN: pain
amLODIPine 10 mg 1 tab Oral Daily-KOP KOP
1-aspirin EC 81 mg Tab-DR (ASPIRIN EC 81 MG TABLET UD) 81 mg 1 tab Oral
Daily-KOP KOP
atorvastatin 20 mg 1 tab Oral qPM-KOP KOP
calcium carbonate 500 mg Tab-Chew (Tums 500 mg , chewable) 1,000 mg 2 tab
Chewed TID-KOP KOP PRN: heartburn
capsaicin 0.025% Cream 60 gm (capsaicin

Legend: c=Corrected, @=Abnormal, C=Critical, L=Low, H=High, f=Result Comment, i=Interp Data, *=Performing Lab

Report Request ID: 60575344

Print Date/Time: 9/28/2022 13:49 PDT

WARNING: This report contains confidential, proprietary, and/or legally privileged information intended for the recipient only.

SOL - California State Prison, SolanoPatient: **STEPHENS, JIMMIE EARL**

DOB/Age/Birth Gender: 7/18/1952 / 70 years / Male

CDCR: C56483

Progress Notes

0.025% topical cream) 1 app Topical
 BID-KOP KOP PRN: knee pain
 cholecalciferol 1,000 unit Tab (Vitamin
 D3) 1,000 unit 1 tab Oral Daily-KOP KOP
 hydroCHLORothiazide 25 mg 1 tab Oral
 Daily-KOP KOP
 hydrocortisone topical 1% Cream 30 gm
 (hydrocortisone 1% topical cream) 1 app
 Topical BID-KOP KOP
 lactulose 20 gm 30 mL Oral Daily-KOP KOP
 PRN: constipation
 phenylephrine-cocoa butter 0.25% Supp
 (phenylephrine 0.25% rectal suppository) 1
 supp Per rectum Daily-KOP KOP
 1-polycarbophil 625 mg Tab (Fiber
 Lax) 1,250 mg 2 tab Oral Daily-KOP KOP
 terazosin 5 mg 1 cap Oral qPM-KOP KOP

Allergies

mirtazapine

Social HistoryAlcohol

Former, Beer

Substance Abuse

Never

Tobacco

Former, Cigarettes

Family History

Heart disease: Mother.

Hyperlipidemia: Mother.

Hypertension: Mother.

Stroke: Mother.

Unknown: Father.

Immunizations

Event Name	Event Result	Date/Time
hepatitis B adult vaccine	20 mcg	09/17/18 08:36:00
hepatitis B adult vaccine	20 mcg	04/19/18 08:36:00
hepatitis B adult vaccine	20 mcg	03/19/18 12:04:00
influenza virus vaccine, inactivated	0.5 mL	10/15/21 12:13:00
influenza virus vaccine, inactivated	0.7 mL	10/19/20 10:37:00

Legend: c=Corrected, @=Abnormal, C=Critical, L=Low, H=High, f=Result Comment, i=Interp Data, *=Performing Lab

Report Request ID: 60575344

Print Date/Time: 9/28/2022 13:49 PDT

WARNING: This report contains confidential, proprietary, and/or legally privileged
 information intended for the recipient only.

SOL - California State Prison, SolanoPatient: **STEPHENS, JIMMIE EARL**

DOB/Age/Birth Gender: 7/18/1952 / 70 years / Male

CDCR: C56483

Progress Notes

influenza virus vaccine, inactivated	0.5 mL	10/23/19 08:41:00
pneumococcal 13-valent conjugate vaccine	0.5 mL	12/16/19 08:19:00
pneumococcal 23-polyvalent vaccine	0.5 mL	05/13/20 10:32:00
pneumococcal 23-polyvalent vaccine	0.5 mL	06/02/15 12:00:00
SARS-CoV-2 (COVID-19) mRNA-1273 vaccine	50 mcg	06/17/22 16:57:00
SARS-CoV-2 (COVID-19) mRNA-1273 vaccine	100 mcg	09/03/21 11:36:00
SARS-CoV-2 (COVID-19) mRNA-1273 vaccine	100 mcg	02/19/21 09:52:00

Lab Results

WBC 3.2 thou/mcL 07/29/2022 09:09 PDT (Low)
RBC 4.20 x10(6)/mcL 07/29/2022 09:09 PDT
Hgb 13.6 gm/dL 07/29/2022 09:09 PDT
Hct 41.6 % 07/29/2022 09:09 PDT
MCV 99.0 fL 07/29/2022 09:09 PDT
MCH 32.4 pg 07/29/2022 09:09 PDT
MCHC 32.7 gm/dL 07/29/2022 09:09 PDT
RDW 12.2 % 07/29/2022 09:09 PDT
Platelet 151 thou/mcL 07/29/2022 09:09 PDT
MPV 12.0 fL 07/29/2022 09:09 PDT
Ferritin Lvl 53 ng/mL 07/29/2022 09:09 PDT
Fecal Globin Detected 05/25/2022 07:35 PDT (Abnormal)

Encounter Info: Patient Name: JIMMIE STEPHENS, DOB: 07/18/1952, CDCR: C56483, FIN: 10000001311088492C56483, Facility: SOL, Encounter Type: Institutional Encounter

Legend: c=Corrected, @=Abnormal, C=Critical, L=Low, H=High, f=Result Comment, i=Interp Data, *=Performing Lab

Report Request ID: 60575344

Print Date/Time: 9/28/2022 13:49 PDT

WARNING: This report contains confidential, proprietary, and/or legally privileged information intended for the recipient only.

Exhibit 3..

Gates of Sacramento stated no condition meeting criteria for Sildenafil of 5-13-22,when prescribed by 4 Doctors./.

Also Less excepted medicine,stimulus,other than Sildenafil..



CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES



Headquarters' Level Response

Closing Date: MAY 13 2022

To: STEPHENS, JIMMIE (C56483)
California State Prison – Solano
P. O. Box 4000
Vacaville, CA 95696-4000

From: California Correctional Health Care Services
Health Care Correspondence and Appeals Branch
P.O. Box 588500
Elk Grove, CA 95758

Tracking #: SOL HC 21000711

RULES AND REGULATIONS

The rules governing these issues are: California Code of Regulations, Title 15; Health Care Department Operations Manual; Mental Health Services Delivery System Program Guide; California Department of Corrections and Rehabilitation Department Operations Manual.

HEALTH CARE GRIEVANCE APPEAL SUMMARY

In your CDCR 602 HC, Health Care Grievance, you explained the decision, action, condition, omission, policy, or regulation that has had a material adverse effect upon your health or welfare for which you seek administrative remedy.

Issue	Description
Issue: Grievances (Grievance Status)	"Emergency" processing.
Issue: Disagreement with Treatment (PCP)	Concern urology consultation was cancelled; and, disagreement with Viagra (sildenafil) not being ordered as recommended by specialist.
Issue: Medication (Specific Type/Dose)	Viagra or a less excepted stimulus for enhancement.
Issue: Medication (Side Effects)	Concern with radiation side effects related to erectile dysfunction.
Issue: Non-Medical/Custody (Visiting)	Concern regarding family visitation.

HEADQUARTERS' LEVEL DISPOSITION

☒ No intervention. ☐ Intervention.

BASIS FOR HEADQUARTERS' LEVEL DISPOSITION

Health care staff, utilizing clinical expertise within the scope of their licensure, is responsible for determining if a health care grievance warrants expedited processing, not the grievant. Your health care grievance was identified by licensed clinical staff to not meet the criteria for expedited processing per California Code of Regulations, Title 15, Section 3999.228(b)(2) and/or 3999.230(b)(1)(B).

Note 1: The headquarters' level review is based on records available as of the date the Headquarters' Level Response is signed by the reviewing authority.

Note 2: The closing date reflects the closed, mailed/delivered date of the health care grievance.

CALIFORNIA CORRECTIONAL
HEALTH CARE SERVICES

P.O. Box 588500
Elk Grove, CA 95758

Your health care grievance package and health record, and all pertinent departmental policies and procedures were reviewed. Records indicate on December 19, 2021, the urologist spent time discussing with you about different treatment options for prostate cancer, at which time you were recorded to have elected to proceed with external radiation therapy. You were subsequently seen for an oncology consultation on February 28, 2020, at which time you were educated of expected side effects to radiation therapy and potential risks and complications, to include the likelihood of chronic erectile dysfunction given your pretreatment status. You were noted to have understood and provided informed consent to proceed with radiation. You completed external radiation therapy on June 24, 2020.

You have continued to receive monitoring, status-post completion of radiation therapy, including urology specialist consultation in November 2020, laboratory studies, and primary care provider evaluations.

You were seen by the primary care provider on November 29, 2021, at which time you were noted to discuss the complications from radiation and treatment for erectile dysfunction. You denied dysuria, hematuria, or problem with controlling bladder. You were advised treatment for erectile dysfunction is not medically necessary per California Code of Regulations, Title 15, Section 3999.200.

There is no recent documentation that you have attempted to access health care services utilizing the approved processes for other urologic related health care complaints or concerns.

You are currently pending follow-up with the urologist, and have been advised of the backlog and delays associated with scheduling. You will be notified as the appointment nears.

Specialty providers may not order additional diagnostic tests, specialty services, or make referrals directly. The primary care provider is responsible to determine the necessity for all specialist recommendations; however, the primary care provider is under no obligation to provide the recommended treatment and may choose an alternate strategy. In addition, some services require prospective review prior to services being rendered.

Per California Code of Regulations, Title 15, Section 3999.200, California Correctional Health Care Services shall provide health care services to patients which are based on medical or clinical necessity.

Prescriptions/orders shall be limited to the medications listed in the California Correctional Health Care Services Formulary, unless otherwise provided by the non-formulary process in accordance with the Health Care Department Operations Manual, Section 3.5.4, CCHCS Drug Formulary. The primary care provider did not document a current condition that meets the criteria for non-formulary use of sildenafil.

Your medical condition will continue to be monitored with care provided as determined medically indicated by the primary care provider. If you have additional health care needs, you may access health care services by utilizing the approved processes in accordance with California Correctional Health Care Services policy.

California Correctional Health Care Services makes every effort to ensure patients receive timely access to the full range of necessary health care services. In order to improve the overall quality and efficiency of health care services and outcomes, California Correctional Health Care Services includes the appropriate personnel and organizational functions to identify and address barriers to care, including staffing, lockdowns, restricted movement, fog lines, and backlogs.

You alleged negligent care; however, your allegation is refuted by professional health care staff familiar with your health care history, as well as a review of your health record. There is no indication your care has not been provided pursuant to the rules and regulations governing the management and delivery of medically or clinically

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Note 2: The closing date reflects the closed, mailed/delivered date of the health care grievance.

necessary health care services. Patients shall be accorded impartial (equal, unbiased) access to treatment or accommodations that are determined to be medically or clinically indicated, based on the patient's individual presentation, history, and exam findings, in accordance with appropriate policies and procedures. Treatment determined to be medically or clinically indicated for another patient may not be determined to be appropriate for you; this does not constitute a violation of your right to impartial access to medically or clinically necessary health care.

While you may not agree with the decisions of your treatment team, it does not constitute staff misconduct or deliberate indifference to your health care needs.

It is not appropriate to expand the health care grievance beyond the initial issue(s). The Health Care Correspondence and Appeals Branch has the discretion whether to address new issues; it has been determined the new issue(s), *regarding hemorrhoids, ability to produce sperm, and refusal to order biopsy in 2018*, not included in the originally submitted CDCR 602 HC, Health Care Grievance, will not be addressed at the headquarters' level per California Code of Regulations, Title 15, Section 3999.230(i).

You have the right to exhaust your administrative remedies or file a civil action. It is your personal responsibility to obtain legal counsel if you so choose. The Prison Litigation Reform Act (42 U.S.C § 1997e[a]) states: "No action shall be brought with respect to prison conditions under § 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted."

Your concerns regarding *family visitation* are not health care services issues over which California Correctional Health Care Services has jurisdiction. As such, your concerns should be addressed through the appropriate custody channels at your institution.

While the health care grievance process is a means of setting forth your health care concerns, it is not a substitute for direct communication about your health with your health care providers. You are encouraged to continue your care with your assigned health care providers and share with them new or additional clinical information about your conditions that you believe may affect your care. However, California law directs your health care providers to offer and provide only the care they determine to be currently medically or clinically necessary for you, in accordance with appropriate policies and procedures. Previous orders from other health care facilities or staff, input from health care consultants, and/or your own personal preferences may be considered, but do not control the professional judgment of your current health care providers.

This decision exhausts your administrative remedies.



Digitally signed by
HCCAB
Date: 2022.05.13 10:17:00
-07'00'

S. Gates, Chief
Health Care Correspondence and Appeals Branch
Policy and Risk Management Services
California Correctional Health Care Services

May 13, 2022

Reviewed and Signed Date

Note 1: The headquarters' level review is based on records available as of the date the Headquarters' Level Response is signed by the reviewing authority.

Note 2: The closing date reflects the closed, mailed/delivered date of the health care grievance.

STATE OF CALIFORNIA
HEALTH CARE GRIEVANCE
CDCR 602 HC (Rev. 10/18)

DEPARTMENT OF CORRECTIONS AND REHABILITATION
Page 1 of 2

STAFF USE ONLY	Expedited? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Tracking #: <u>SOL HC 21000711</u>
Staff Name and Title (Print): <u>J. Barriga RN</u>		Signature: <u>JB - RN</u> Date: <u>12/13/2021</u>

If you think you have a medical, mental health or dental emergency, notify staff immediately. If additional space is needed, use Section A of the CDCR 602 HC A Health Care Grievance Attachment. Only one CDCR 602 HC A will be accepted. You must submit this health care grievance to the Health Care Grievance Office for processing. Refer to California Code of Regulations (CCR), Title 15, Chapter 2, Subchapter 2, Article 5 for further guidance with the health care grievance process.

Do not exceed more than one row of text per line. WRITE, PRINT, or TYPE CLEARLY in black or blue ink.

Name (Last, First, MI): <u>Stephen, Jimmie</u>	CDCR #: <u>056483</u>	Unit/Cell #: <u>C18-116L</u>
------------------------------------------------	-----------------------	------------------------------

SECTION A: Explain the applied health care policy, decision, action, condition, or omission that has had a material adverse effect upon your health or welfare for which you seek administrative remedy:

See attached CDCR-0602-HC (Rev. 6/17) + ~~1~~
" " CDCR-0602-HC A (06/17)

Supporting Documents Attached. Refer to CCR 3999.227 ☐ Yes ☐ No

Grievant Signature:

Date Submitted:

BY PLACING MY INITIALS IN THIS BOX, I REQUEST TO RECEIVE AN INTERVIEW AT THE INSTITUTIONAL LEVEL.

SECTION B: HEALTH CARE GRIEVANCE REVIEW INSTITUTIONAL LEVEL: Staff Use Only Is a CDCR 602 HC A attached? ☒ Yes ☐ No

This grievance has been:

☐ Rejected (See attached letter for instruction): Date: _____ Date: _____

☐ Withdrawn (see section E)

☒ Accepted Assigned To: J. Barriga Title: HCARN Date Assigned: 12/14/21 Date Due: 2/14/22

Interview Conducted? ☒ Yes ☐ No Date of Interview: 2/1/2022 Interview Location: Bld 18

Interviewer Name and Title (print): J. Barriga RN Signature: [Signature] Date: 2/1/2022

Reviewing Authority Name and Title (print): M. Felder, CEO Signature: [Signature] Date: 2/8/22

Disposition: See attached letter ☐ Intervention ☒ No Intervention

HCGO Use Only: Date closed and mailed/delivered to grievant: FEB 09 2022

<p>1. Disability Code:</p> <p><input type="checkbox"/> TABE score ≤ 4.0</p> <p><input type="checkbox"/> DPH <input type="checkbox"/> DPV <input type="checkbox"/> LD</p> <p><input type="checkbox"/> DPS <input type="checkbox"/> DNH</p> <p><input type="checkbox"/> DDP</p> <p><input type="checkbox"/> Not Applicable</p>	<p>2. Accommodation:</p> <p><input type="checkbox"/> Additional time</p> <p><input type="checkbox"/> Equipment <input type="checkbox"/> SLI</p> <p><input type="checkbox"/> Louder <input type="checkbox"/> Slower</p> <p><input type="checkbox"/> Basic <input type="checkbox"/> Transcribe</p> <p><input type="checkbox"/> Other*</p>	<p>3. Effective Communication:</p> <p><input type="checkbox"/> Patient asked questions</p> <p><input type="checkbox"/> Patient summed information</p> <p>Please check one:</p> <p><input type="checkbox"/> Not reached* <input type="checkbox"/> Reached</p> <p>*See chrono/notes</p>
<p>4. Comments: <u>8.7</u></p>		

RECEIVED
SOL
DEC 13 2021
COMPLETED
SOL
STAFF USE ONLY
FEB - 9 2022
HCGO

SECTION C:

Health Care Grievance Appeal. If you are dissatisfied with the Institutional Level Grievance Response, explain the reason below (if more space is needed, use Section C of the CDCR 602 HC A), and submit the entire health care grievance package by mail for Headquarters' (HQ) Level health care grievance appeal review. Mail to: Health Care Correspondence and Appeals Branch, P.O. Box 588500, Elk Grove, CA 95758.

No copy

Grievant Signature:

Date Submitted:

SECTION D: HEALTH CARE GRIEVANCE APPEAL REVIEW HQ LEVEL: Staff Use Only

Is a CDCR 602 HC A attached? ☒ Yes ☐ No

This grievance has been:

☐ Rejected (See attached letter for instruction): Date: _____ Date: _____

☐ Withdrawn (see section E) ☒ Accepted

☐ Amendment Date: _____

Interview Conducted? ☐ Yes ☒ No Date of Interview: _____ Interview Location: _____

Interviewer Name and Title (print): _____ Signature: _____ Date: _____

Disposition: See attached letter ☐ Intervention ☒ No Intervention

This decision exhausts your administrative remedies.

HQ Use Only: Date closed and mailed/delivered to grievant MAY 13 2022

SECTION E: Grievant requests to WITHDRAW health care grievance: I request that this health care grievance be withdrawn from further review. Reason:

Grievant Signature:

Date Submitted:

Staff Name and Title (Print):

Signature:

Date:

RECEIVED
HCCAB
FEB 17 2022
COMPLETED
HCCAB
MAY 13 2022

STAFF USE ONLY

Distribution: Original - Returned to grievant after completed; Scanned Copy - Health Care Appeals and Risk Tracking System 2.0 (Do not place in central file or health record)

Unauthorized collection, creation, use, disclosure, modification or destruction of personally identifiable information and/or protected health information may subject individuals to civil liability under applicable federal and state laws.

STATE OF CALIFORNIA
HEALTH CARE GRIEVANCE
CDCR-602 HC (Rev. 06/17)

EMERGENCY
APPEAL

DEPARTMENT OF CORRECTIONS AND REHABILITATION
Page 1 of 2

STAFF USE ONLY		Expedited? <input type="checkbox"/> Yes <input type="checkbox"/> No	Institution: SOL HC 21000711	Tracking #:
Staff Name and Title (Print)		Signature		Date

If you think you have a medical, mental health or dental emergency, notify staff immediately. If additional space is needed, only one CDCR 602 HC A Health Care Grievance Attachment will be accepted. You must submit this health care grievance to the Health Care Grievance Office for processing. Refer to California Code of Regulations (CCR), Title 15, Section 3087 for further guidance with the health care grievance process.

Do not exceed more than one row of text per line. WRITE, PRINT, or TYPE CLEARLY in black or blue ink.

Name (Last, First, MI): STEPHEN JIMMIE E	CDCR #: C56483	Unit/Cell #: E-18-116
------------------------------------------	----------------	-----------------------

SECTION A: Explain the decision, action, condition, omission, policy, or regulation that has had a material adverse effect upon your health and welfare for which you seek administrative remedy.

ON OR ABOUT 11-30-21 I WAS SEEN BY DOCTOR WHOM CANCELLED MY UROLOGY EVALUATION OF 11-8-21 AS WAS ORDERED VIAGRA NOW ITS CANCELLED AS PLAN ON HAVING FAMILY VISIT SOON FOR TEMPORARY FIX TO MY PROBLEM, AS EQUAL PROTECTION BASED ON FREE CITIZENS & ONES THAT INCARCERATED, AS OF 11-9-21 I FOUND OUT MY UROLOGIST EVALUATION IS NOW A GO,

If you need more space, use Section A of the CDCR 602 HC A

☐ Supporting Documents: Refer to CCR 3087.2. List supporting documents attached:

☐ No, I have not attached any supporting documents. Reason:

Grievant Signature: *[Signature]* Date Submitted: 12-15-21

BY PLACING MY INITIALS IN THIS BOX, I REQUEST TO RECEIVE AN INTERVIEW AT THE INSTITUTIONAL LEVEL. *[Initials]*

HEALTH CARE GRIEVANCE REVIEW INSTITUTIONAL LEVEL: Staff Use Only		Is a CDCR 602 HC A attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	
This grievance has been:			
<input type="checkbox"/> Rejected (See attached letter for instruction): Date: _____ Date: _____			
<input type="checkbox"/> Withdrawn (see section C)			
<input type="checkbox"/> Accepted Assigned To: _____ Title: _____ Date Assigned: _____ Date Due: _____			
Interview Conducted? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of Interview: _____ Interview Location: _____	
Interviewer Name and Title (print): _____		Signature: _____ Date: _____	
Reviewing Authority Name and Title (print): _____		Signature: _____ Date: _____	
Disposition: See attached letter <input type="checkbox"/> Intervention <input type="checkbox"/> No Further Intervention <input type="checkbox"/> No Intervention			
If dissatisfied with Institutional Level Response, complete Section B.			
HCGO Use Only: Date closed and mailed/delivered to grievant: _____			

1. Disability Code: <input type="checkbox"/> TABE score \leq 4.0 <input type="checkbox"/> DPH <input type="checkbox"/> DPV <input type="checkbox"/> LD <input type="checkbox"/> DPS <input type="checkbox"/> DNH <input type="checkbox"/> DDP <input type="checkbox"/> Not Applicable	2. Accommodation: <input type="checkbox"/> Additional time <input type="checkbox"/> Equipment <input type="checkbox"/> SLI <input type="checkbox"/> Louder <input type="checkbox"/> Slower <input type="checkbox"/> Basic <input type="checkbox"/> Transcribe <input type="checkbox"/> Other*	3. Effective Communication: <input type="checkbox"/> Patient asked questions <input type="checkbox"/> Patient summed information Please check one: <input type="checkbox"/> Not reached* <input type="checkbox"/> Reached *See chrono/notes
4. Comments: 8.7		

RECEIVED
SOL
DEC 13 2021

COMPLETED
SOL
FEB - 9 2022

HCGO

HCGO

STATE OF CALIFORNIA
HEALTH CARE GRIEVANCE
 CDCR-0602 HC (Rev. 06/17)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Page 2 of 2

Tracking #: SOLHC 21000711

SECTION B:

Health Care Grievance Appeal. If you are dissatisfied with the Institutional Level Grievance Response, explain the reason below (if more space is needed, use Section B of the CDCR 602 HC A), and submit the entire health care grievance package by mail for Headquarters' (HQ) Level health care grievance appeal review. Mail to: Health Care Correspondence and Appeals Branch, P.O. Box 588500, Elk Grove, CA 95758.

Treatment is still being Denied for RADIATION Affects After SAID Treatment for Cancer, based on Policy, custom, practice of CDCR-LLHCS including Hemorrhoids still Bleeding After diagnosis of constant Bleeding stems from many Hand Tests for prostate & prostate swollen, whereas, (2) Sperm Counts Burst Away from RADIATION A Direct Injury Denying Right Privilege to Procreate Sperm for Child Birth (3) now Erectile Dysfunctions Treatment when Treatment Available but Do not meet Terms of CDCR as expedited Treatment when necessary from Negligence or Deliberate Acts of Radiologist Treatment causes

Grievant Signature: *[Signature]*

Date Submitted: 2-14-22

HEALTH CARE GRIEVANCE APPEAL REVIEW HQ LEVEL: Staff Use OnlyIs a CDCR 602 HC A attached? ☐ Yes ☐ No

This grievance has been:

- ☐ Rejected (See attached letter for instruction): Date: _____ Date: _____
- ☐ Withdrawn (see section C)
- ☐ Accepted

Interview Conducted? ☐ Yes ☐ No Date of Interview: _____ Interview Location: _____

Interviewer Name and Title (print): _____ Signature: _____ Date: _____

Disposition: See attached letter ☐ Intervention ☐ No Further Intervention ☐ No Intervention*This decision exhausts your administrative remedies.*

HQ Use Only: Date closed and mailed/delivered to grievant:

SECTION C: Grievant requests to WITHDRAW health care grievance: I request that this health care grievance be withdrawn from further review. Reason:

Grievant Signature:

Date Submitted:

Staff Name and Title (Print):

Signature:

Date:

RECEIVED HCCAB FEB 17 2022	COMPLETED HCCAB MAY 13 2022	STAFF USE ONLY
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Distribution: Original - Returned to grievant after completed; Scanned Copy - Health Care Appeals and Risk Tracking System 2.0 (Do not place in central file or health record)

STATE OF CALIFORNIA

HEALTH CARE GRIEVANCE ATTACHMENT

CDCR-0602-HC A (06/17)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Page 1 of 2

STAFF USE ONLY

Institution:

Tracking #:

SOL HC 21000711

Attach this form to the CDCR 602 HC, Health Care Grievance, only if more space is needed. Only one CDCR 602 HC A may be used.
Do not exceed more than one row of text per line. WRITE, PRINT, or TYPE CLEARLY in black or blue ink.

Name (Last, First, MI):

CDCR Number:

Unit/Cell Number:

STEPHEN JIMME

C56483

C-18-1164

SECTION A

Continuation of CDCR 602 HC, Health Care Grievance, Section A only (Explain the decision, action, condition, omission, policy or regulation that has had a material adverse effect upon your health and welfare for which you seek administrative remedy):

for evaluation, but still request VIAGRA or a less excepted stimulus for my enhancement needs as the RADIATION SIDE-EFFECTS maybe temporary or be my play a part, but prior to RADIATION HAD NO PROBLEMS.

DR SANCHEZ recommended the Urologist & HOPE THIS DIDN'T STOP THE VIAGRA, when it was ORDERED OR APPROVED.

AS SOME AT CMT RECEIVE VIAGRA, so it is not BANNED IN PRISON, AS family is a vital part of Rehabilitation.

this is an emergency appeal - family visit -

Grievant Signature:

Date Submitted:

12-12-21

SECTION B

Continuation of CDCR 602 HC, Health Care Grievance Appeal, Section B only (Dissatisfied with Health Care Grievance Response):

these INJURIES that Plaintiff is CLAIMING AS PART of DAMAGES in ongoing Lawsuit AGAINST said Doctor WITTON refused to do Biopsy of 10-1-18 when PSA 3.8 of 4, when new Doctor of 2019 stated to Allow Biopsy & Come back positive for Cancer, as Treatment was RADIATION with stated SIDE-EFFECTS, If summary Judgment filed is Ruled in my favor by USDC Eastern District Court, so All Treatment necessary to bring back body to whole by mis-Treatment or Denial Treatment under 8th Amendment.

2-18-22

Grievant Signature:

Date Submitted:

12-12-21

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HCCAR
MAY 13 2022

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COMPLETED
SOL

FEB - 9 2022

HCGO

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS AND REHABILITATION

HEALTH CARE GRIEVANCE ATTACHMENT

Page 2 of 2

CDCR-0602-HC A (06/17)

Tracking # SOL HC 21000711

STAFF USE ONLY Grievants do not write in this area. Grievance Interview Clarification: Document issue(s) clarified during interview

No copy

Staff Name and Title: _____

Signature: _____

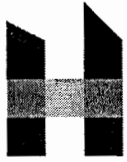
Date: _____

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HCCAB
FEB 17 2023

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Distribution: Original - Returned to grievant after completed, **Scanned Copy** - Health Care Appeals and Risk Tracking System 2.0 (Do not place in central file or health record)

Unauthorized collection, creation, use, disclosure, modification or destruction of personally identifiable information and/or protected health information may subject individuals to civil liability under applicable federal and state laws.



CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES



Institutional Level Response

Closing Date: FEB 09 2022

To: STEPHENS, JIMMIE (C56483)
C 018 1000116LP
California State Prison – Solano
P. O. Box 4000
Vacaville, CA 95696-4000

Tracking #: SOL HC 21000711

RULES AND REGULATIONS

The rules governing these issues are: California Code of Regulations, Title 15; Health Care Department Operations Manual; Mental Health Services Delivery System Program Guide; California Department of Corrections and Rehabilitation Department Operations Manual.

HEALTH CARE GRIEVANCE SUMMARY

In your CDCR 602 HC, Health Care Grievance, you explained the decision, action, condition, omission, policy, or regulation that has had a material adverse effect upon your health or welfare for which you seek administrative remedy.

Issue

Description

Issue: Medication (Med Specific Type / Dose)
Description: Viagra or a less excepted stimulus

INTERVIEW

On February 1, 2022, you were interviewed by J. Barriga, RN, regarding this health care grievance. During the interview, you were allowed the opportunity to fully explain your health care grievance issue(s).

INSTITUTIONAL LEVEL DISPOSITION

☒ No intervention. ☐ Intervention.

BASIS FOR INSTITUTIONAL LEVEL DISPOSITION

Your health care grievance package and health record, and all pertinent departmental policies and procedures were reviewed. These records indicate Viagra is not medically necessary per Title-15 at this time/

You have received primary care provider evaluation and monitoring for your history of prostate cancer. The primary care provider completed assessments, noted review of your history, current symptoms, and laboratory/imaging results, and developed a plan of care, including a follow-up appointment with the Urologist.

Your medical condition will continue to be monitored with care provided as determined medically or clinically indicated by the primary care provider. If you have additional health care needs, you may access health care services by utilizing the approved processes in accordance with California Correctional Health Care Services policy.

Note 1: The institutional level review is based on records available as of the date the Institutional Level Response is signed by the reviewing authority.

Note 2: The closing date reflects the closed, mailed/delivered date of the health care grievance.

Note 3: Permanent health care grievance document. Do not remove from the health care grievance package.

Health care staff, utilizing clinical expertise within the scope of their licensure, is responsible for determining if a health care grievance warrants expedited processing, not the grievant. Your health care grievance was identified by licensed clinical staff to not meet the criteria for expedited processing per California Code of Regulations, Title 15, Section 3999.228(b)(2) and/or 3999.230(b)(1)(B).

The health and safety of our population is of critical importance to the California Department of Corrections and Rehabilitation and California Correctional Health Care Services. While our agency is working together to appropriately respond to the COVID-19 crisis, we will continue to provide urgent and emergent health care services. To reduce risks to both patients and staff, inmate movement will be minimized. In addition, some specialty and routine care may be delayed as a result of both internal redirections and external closures. All cancelled appointments will be rescheduled as soon as safely possible. If you have health care needs, you may access health care services by utilizing the approved processes in accordance with California Correctional Health Care Services policy.

While the health care grievance process is a means of setting forth your health care concerns, it is not a substitute for direct communication about your health with your health care providers. You are encouraged to continue your care with your assigned health care providers and share with them new or additional clinical information about your conditions that you believe may affect your care. However, California law directs your health care providers to offer and provide only the care they determine to be currently medically or clinically necessary for you, in accordance with appropriate policies and procedures. Previous orders from other health care facilities or staff, input from health care consultants, and/or your own personal preferences may be considered, but do not control the professional judgment of your current health care providers.

If you are dissatisfied with the Institutional Level Response, follow the instructions on the CDCR 602 HC, Health Care Grievance, and submit the entire health care grievance package for headquarters' level review. The headquarters' level review constitutes the final disposition on your health care grievance and exhausts your administrative remedies.



M. Felder
Chief Executive Officer
CCHCS
California State Prison – Solano

2-8-22

Reviewed and Signed Date

Note 1: The institutional level review is based on records available as of the date the Institutional Level Response is signed by the reviewing authority.

Note 2: The closing date reflects the closed, mailed/delivered date of the health care grievance.

Note 3: Permanent health care grievance document. Do not remove from the health care grievance package.

ADA/Effective Communication Patient Summary

As of: 12/13/2021 09:00

Patient Information

NAME: STEPHENS, JIMMIE
CDCR: C56483

Disability Placement Program

Current DPP Code(s):
* DLT

DPP Verification/Accommodation Date: 08/26/17
17:07:45 PDT

Current Housing Restrictions/Accommodations:
* Bottom Bunk
* Ground Floor- Limited Stairs

Methods of Communication

SLI:

Primary Method:

Secondary Method:

Interview Date:

Developmental Disability Program

Current DDP Code:

Effective Date:

Adaptive Support Needs:

Testing of Adult Basic Education (TABE)

TABE Score: 08.7

TABE Date: 04/20/2007 00:00

Learning Disabilities

Learning Disabilities:

English Proficiency

LEP: No

Primary Language: English

Durable Medical Equipment

Current ISSUED DME: Eyeglass Frames Permanent

Dental Prosthetic:

Dental Prosthetic Date:

MHSDS

MHLOC: GP

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HCCAP
FEB 17 2022

Exhibit 4..

Ultra sound presented to Felder and Denied of 10-21-22..As
well as Sildenafil, Denied again..



CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES



Institutional Level Response

Closing Date: OCT 21 2022

To: STEPHENS, JIMMIE (C56483)
C 013 1009001LP
California State Prison – Solano
P. O. Box 4000
Vacaville, CA 95696-4000

Tracking #: SOL HC 22000408

RULES AND REGULATIONS

The rules governing these issues are: California Code of Regulations, Title 15; Health Care Department Operations Manual; Mental Health Services Delivery System Program Guide; California Department of Corrections and Rehabilitation Department Operations Manual.

HEALTH CARE GRIEVANCE SUMMARY

In your CDCR 602 HC, Health Care Grievance, you explained the decision, action, condition, omission, policy, or regulation that has had a material adverse effect upon your health or welfare for which you seek administrative remedy.

Issue	Description
Issue: Medication (Med Discontinued / Denied)	You claim Sildenafil is being denied
Issue: Staff Complaints (Deliberate Indifference)	You allege the ultrasound denial is showing deliberate indifference

INTERVIEW

On October 6, 2022, you were interviewed by J. Barriga, Registered Nurse, regarding this health care grievance. During the interview, you were allowed the opportunity to fully explain your health care grievance issue(s).

INSTITUTIONAL LEVEL DISPOSITION

☒ No intervention. ☐ Intervention.

BASIS FOR INSTITUTIONAL LEVEL DISPOSITION

Your health care grievance package and health record, and all pertinent departmental policies and procedures were reviewed.

Note 1: The institutional level review is based on records available as of the date the Institutional Level Response is signed by the reviewing authority.

Note 2: The closing date reflects the closed, mailed/delivered date of the health care grievance.

Note 3: Permanent health care grievance document. Do not remove from the health care grievance package.

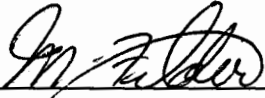
Your issues regarding Sildenafil and an ultrasound being denied will not be addressed herein as these are duplicate issues to that in health care grievance tracking numbers SOL HC 22000340 and SOL HC 22000208, for which a decision was rendered or is pending. Per California Code of Regulations, Title 15, Section 3999.234(a)(6), a health care grievance which duplicates a health care grievance upon which a decision has been rendered or is pending is subject to rejection. The headquarters' level disposition on a health care grievance exhausts your administrative remedies.

While you may not agree with the decisions of your treatment team, it does not constitute staff misconduct or deliberate indifference to your health care needs.

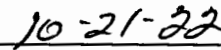
Your medical conditions will continue to be monitored with care provided as determined medically or clinically indicated by the primary care provider. If you have additional health care needs, you may access health care services by utilizing the approved processes in accordance with California Correctional Health Care Services policy.

While the health care grievance process is a means of setting forth your health care concerns, it is not a substitute for direct communication about your health with your health care providers. You are encouraged to continue your care with your assigned health care providers and share with them new or additional clinical information about your conditions that you believe may affect your care. However, California law directs your health care providers to offer and provide only the care they determine to be currently medically or clinically necessary for you, in accordance with appropriate policies and procedures. Previous orders from other health care facilities or staff, input from health care consultants, and/or your own personal preferences may be considered, but do not control the professional judgment of your current health care providers.

If you are dissatisfied with the Institutional Level Response, follow the instructions on the CDCR 602 HC, Health Care Grievance, and submit the entire health care grievance package for headquarters' level review. The headquarters' level review constitutes the final disposition on your health care grievance and exhausts your administrative remedies.



M. Felder
Chief Executive Officer
California State Prison – Solano



Reviewed and Signed Date

Note 1: The institutional level review is based on records available as of the date the Institutional Level Response is signed by the reviewing authority.

Note 2: The closing date reflects the closed, mailed/delivered date of the health care grievance.

Note 3: Permanent health care grievance document. Do not remove from the health care grievance package.

STATE OF CALIFORNIA
HEALTH CARE GRIEVANCE
CDCR 602 HC (Rev. 10/18)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Page 1 of 2

STAFF USE ONLY		Expedited? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Tracking #: <u>SOL HC 22000408</u>
Staff Name and Title (Print): <u>J. Bariga RN</u>		Signature: <u>J. Bariga RN</u>	Date: <u>10/6/2022</u>

If you think you have a medical, mental health or dental emergency, notify staff immediately. If additional space is needed, use Section A of the CDCR 602 HC A Health Care Grievance Attachment. Only one CDCR 602 HC A will be accepted. You must submit this health care grievance to the Health Care Grievance Office for processing. Refer to California Code of Regulations (CCR), Title 15, Chapter 2, Subchapter 2, Article 5 for further guidance with the health care grievance process.

Do not exceed more than one row of text per line. WRITE, PRINT, or TYPE CLEARLY in black or blue ink.

Name (Last, First, MI): <u>STEPHENS JIMMIE</u>	CDCR #: <u>C56483</u>	Unit/Cell #: <u>C-1391-H</u>
------------------------------------------------	-----------------------	------------------------------

SECTION A: Explain the applied health care policy, decision, action, condition, or omission that has had a material adverse effect upon your health or welfare for which you seek administrative remedy:

On or about 9-19-22 saw Dr Bzaskie
for prostate treatment - cancer - as Sildenafil is
being hindered - Denied as of the 9-19-22 visit
and ongoing.
as Request Alternative Treatment for E.D.
by "Ultra-Sound" ect by Dr Bzaskie.
Also Request Urologist Recommendation since
first Recommendation of Sildenafil is Denied as
of this govt. as to Ultra-Sound ect. treatment
Denied - Hindered, - as showing Deliberate Indifference.
"ESTELLE V GOMBLE" 429 US 106 (1976)

Supporting Documents Attached. Refer to CCR 3999.227 ☐ Yes ☐ No

Grievant Signature: [Signature] Date Submitted: 10-1-22

BY PLACING MY INITIALS IN THIS BOX, I REQUEST TO RECEIVE AN INTERVIEW AT THE INSTITUTIONAL LEVEL. ☒

SECTION B: HEALTH CARE GRIEVANCE REVIEW INSTITUTIONAL LEVEL: Staff Use Only		Is a CDCR 602 HC A attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
This grievance has been:			
<input type="checkbox"/> Rejected (See attached letter for instruction): Date: _____ Date: _____			
<input type="checkbox"/> Withdrawn (see section E)			
<input checked="" type="checkbox"/> Accepted	Assigned To: <u>L. Pope</u>	Title: <u>HCGC</u>	Date Assigned: <u>10/10/22</u> Date Due: <u>10/13/22</u>
Interview Conducted?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Date of Interview: <u>10/6/2022</u>	Interview Location: <u>Bld 508</u>
Interviewer Name and Title (print):	<u>J. Bariga RN</u>	Signature: <u>[Signature]</u>	Date: <u>10/6/2022</u>
Reviewing Authority Name and Title (print):	<u>M. Felder, CEO</u>	Signature: <u>[Signature]</u>	Date: <u>10-21-22</u>
Disposition: See attached letter <input type="checkbox"/> Intervention <input checked="" type="checkbox"/> No Intervention			
HCGO Use Only: Date closed and mailed/delivered to grievant: <u>OCT 21 2022</u>			

1. Disability Code: <input type="checkbox"/> TABE score ≤ 4.0 <input type="checkbox"/> DPH <input type="checkbox"/> DPV <input type="checkbox"/> LD <input type="checkbox"/> DPS <input type="checkbox"/> DNH <input type="checkbox"/> DDP <input type="checkbox"/> Not Applicable	2. Accommodation: <input type="checkbox"/> Additional time <input type="checkbox"/> Equipment <input type="checkbox"/> SLI <input type="checkbox"/> Louder <input type="checkbox"/> Slower <input type="checkbox"/> Basic <input type="checkbox"/> Transcribe <input type="checkbox"/> Other	3. Effective Communication: <input type="checkbox"/> Patient asked questions <input type="checkbox"/> Patient summed information Please check one: <input type="checkbox"/> Not reached <input type="checkbox"/> Reached *See chrono/notes
4. Comments: <u>8.7</u>		

RECEIVED
SOL
OCT 6 2022
STAFF USE ONLY
COMPLETED
SOL
OCT 21 2022
HCGO

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS AND REHABILITATION

HEALTH CARE GRIEVANCE

Page 2 of 2

CDCR 602 HC (Rev. 10/18)

Tracking #: 50L HC 7200408

SECTION C:

Health Care Grievance Appeal. If you are dissatisfied with the Institutional Level Grievance Response, explain the reason below (if more space is needed, use Section C of the CDCR 602 HC A), and submit the entire health care grievance package by mail for Headquarters' (HQ) Level health care grievance appeal review. Mail to: Health Care Correspondence and Appeals Branch, P.O. Box 588500, Elk Grove, CA 95758.

Grievant Signature:

Date Submitted:

SECTION D: HEALTH CARE GRIEVANCE APPEAL REVIEW HQ LEVEL: Staff Use OnlyIs a CDCR 602 HC A attached? ☐ Yes ☐ No

This grievance has been:

☐ Rejected (See attached letter for instruction): Date: _____ Date: _____☐ Withdrawn (see section E) ☐ Accepted☐ Amendment Date: _____Interview Conducted? ☐ Yes ☐ No Date of Interview: _____ Interview Location: _____

Interviewer Name and Title (print): _____ Signature: _____ Date: _____

Disposition: See attached letter ☐ Intervention ☐ No Intervention*This decision exhausts your administrative remedies.*

HQ Use Only: Date closed and mailed/delivered to grievant:

SECTION E: Grievant requests to WITHDRAW health care grievance: I request that this health care grievance be withdrawn from further review. Reason:

Grievant Signature:

Date Submitted:

Staff Name and Title (Print):

Signature:

Date:

STAFF USE ONLYDistribution: **Original** - Returned to grievant after completed; **Scanned Copy** - Health Care Appeals and Risk Tracking System 2.0 (Do not place in central file or health record)

Unauthorized collection, creation, use, disclosure, modification or destruction of personally identifiable information and/or protected health information may subject individuals to civil liability under applicable federal and state laws.

ADA/Effective Communication Patient Summary**As of: 10/06/2022 09:20****Patient Information**

NAME: STEPHENS, JIMMIE
CDCR: C56483

Disability Placement Program**Current DPP Code(s):**

* DLT

DPP Verification/Accommodation Date: 08/26/17
17:07:45 PDT

Current Housing Restrictions/Accommodations:

- * Bottom Bunk
- * Ground Floor- Limited Stairs

Methods of Communication**SLI:****Primary Method:****Secondary Method:****Interview Date:****Developmental Disability Program****Current DDP Code:****Effective Date:****Adaptive Support Needs:****Testing of Adult Basic Education (TABE)**

TABE Score: 08.7

TABE Date: 04/20/2007 00:00

Learning Disabilities**Learning Disabilities:****English Proficiency**

LEP: No

Primary Language: English

Durable Medical Equipment

Current ISSUED DME: Eyeglass Frames Permanent

Dental Prosthetic:

- * Upper Denture Type: Full
- * Lower Denture Type: Partial
- * Night Guard: No

Dental Prosthetic Date: 09/19/22 12:27:00 PDT

MHSDS

MHLOC: GP

Exhibit 5..

Gates again Denied Treatment for Prostate Glands,ED Dysfunctions,
Sildenafil,Rectal Bleedings,of 9-6-22..



CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES



Headquarters' Level Response

Closing Date: SEP 08 2022

To: STEPHENS, JIMMIE (C56483)
California State Prison – Solano
P. O. Box 4000
Vacaville, CA 95696-4000

From: California Correctional Health Care Services
Health Care Correspondence and Appeals Branch
P.O. Box 588500
Elk Grove, CA 95758

Tracking #: SOL HC 22000155

RULES AND REGULATIONS

The rules governing these issues are: California Code of Regulations, Title 15; Health Care Department Operations Manual; Mental Health Services Delivery System Program Guide; California Department of Corrections and Rehabilitation Department Operations Manual.

HEALTH CARE GRIEVANCE APPEAL SUMMARY

In your CDCR 602 HC, Health Care Grievance, you explained the decision, action, condition, omission, policy, or regulation that has had a material adverse effect upon your health or welfare for which you seek administrative remedy.

Issue	Description
Issue: Disagreement with Treatment (PCP)	Concerns regarding prostate, sperm glands, erectile dysfunction, and rectal bleeding.
Issue: Referral (Urology)	Urology referral.

HEADQUARTERS' LEVEL DISPOSITION

☒ No intervention. ☐ Intervention.

BASIS FOR HEADQUARTERS' LEVEL DISPOSITION

Your health care grievance package and health record, and all pertinent departmental policies and procedures were reviewed.

You have continued to receive monitoring for your history of prostate cancer, status-post completion of radiation therapy, including urology specialist consultation in May 2022, laboratory studies, and primary care provider evaluations. As referenced in the Institutional Level Response, there is no documentation of recurrence of prostate cancer, at this time. Progress notes reflect you are doing well and have remained stable. The urologist noted recommendation to follow-up on as-needed basis. You are currently pending repeat prostate-specific antigen (PSA), as recommended by the urologist; you will be notified as the laboratory appointment nears. You continue to have an active order for terazosin for benign prostate hyperplasia management.

Note 1: The headquarters' level review is based on records available as of the date the Headquarters' Level Response is signed by the reviewing authority.

Note 2: The closing date reflects the closed, mailed/delivered date of the health care grievance.

Additionally, you have continued to receive monitoring and treatment for a history of blood in stool. You were recently seen by the primary care provider on July 25, 2022, at which time prior colonoscopy results from 2020 were reviewed, noting finding of polyp which was removed. You were noted to have internal hemorrhoids and fecal immunochemical test (FIT) results from May 25, 2022, were discussed with you. A plan of care was noted, to include referral for repeat colonoscopy and continued orders for rectal suppository and constipation medication. During the encounter, the primary care provider noted your concern for Viagra (sildenafil) for erectile dysfunction, for which an order was submitted.

The order for sildenafil was reviewed by the pharmacy, noting lack of non-formulary approval. The primary care provider subsequently cancelled the medication order, noting the medication to not be medically necessary. Per California Code of Regulations, Title 15, Section 3999.200, California Correctional Health Care Services shall provide health care services to patients which are based on medical or clinical necessity.

On July 26, 2022, a Request for Service order for the colonoscopy was approved during prospective review. If the appointment does not take place within the timeframes outlined in the Health Care Department Operations Manual, Health Care Definitions, you may discuss your concerns with health care staff by utilizing the approved processes to access health care services in accordance with California Correctional Health Care Services policy.

There is no recent documentation you have attempted to access health care services utilizing the approved processes for concerns related to urologic or prostate condition, or to report rectal bleeding. You remain enrolled in the Chronic Care Program, where your medical conditions and medication needs are closely monitored. Progress notes indicate there is a plan of care in place and the primary care provider has discussed the plan of care with you. Your medical condition will continue to be monitored with care provided as determined medically indicated by the primary care provider. If you have additional health care needs, you may access health care services by utilizing the approved processes in accordance with California Correctional Health Care Services policy.

Specialty providers may not order additional diagnostic tests, specialty services, or make referrals directly. The primary care provider is responsible to determine the necessity for all specialist recommendations; however, the primary care provider is under no obligation to provide the recommended treatment and may choose an alternate strategy. In addition, some services require prospective review prior to services being rendered.

Prescriptions/orders shall be limited to the medications listed in the California Correctional Health Care Services Formulary, unless otherwise provided by the non-formulary process in accordance with the Health Care Department Operations Manual, Section 3.5.4, CCHCS Drug Formulary. There is no documentation you have a current condition that meets the criteria for non-formulary use of sildenafil.

You alleged negligent care; however, your allegation is refuted by professional health care staff familiar with your health care history, as well as a review of your health record. There is no indication your care has not been provided pursuant to the rules and regulations governing the management and delivery of medically or clinically necessary health care services. While you may not agree with the decisions of your treatment team, it does not constitute staff misconduct or deliberate indifference to your health care needs.

It is not appropriate to expand the health care grievance beyond the initial issue(s). The Health Care Correspondence and Appeals Branch has the discretion whether to address new issues; it has been determined the new issue(s), *regarding denial of an ultrasound*, not included in the originally submitted CDCR 602 HC, Health Care Grievance, will not be addressed at the headquarters' level per California Code of Regulations, Title 15, Section 3999.230(i).

Note 1: The headquarters' level review is based on records available as of the date the Headquarters' Level Response is signed by the reviewing authority.

Note 2: The closing date reflects the closed, mailed/delivered date of the health care grievance.

A review of the Health Care Appeals and Risk Tracking System reveals you regularly utilize the health care grievance process for your health care concerns. Records indicate that several of your health care grievances include multiple issues, many of which are duplicative of other health care grievances submitted, which makes it complicated for staff to ensure that your explicit concerns are being addressed. You are encouraged to work with your clinicians and the Health Care Grievance Office, by making efforts to provide information that is not duplicative and does not involve multiple issues that do not derive from a single event, or are not directly related and cannot be reasonably addressed in a single response. Per California Code of Regulations, Title 15, Section 3999.227(e), a grievance is limited to one issue or set of issues related to a single health care discipline that can reasonably be addressed in a single health care grievance response and may be subject to rejection per California Code of Regulations, Title 15, Section 3999.234(a)(1). Health care grievances that duplicate the grievant's previous health care grievance upon which a decision was rendered or is pending and the grievant has not provided any new information that would indicate additional review is warranted may be subject to rejection per California Code of Regulations, Title 15, Section 3999.234(a)(6).

While the health care grievance process is a means of setting forth your health care concerns, it is not a substitute for direct communication about your health with your health care providers. You are encouraged to continue your care with your assigned health care providers and share with them new or additional clinical information about your conditions that you believe may affect your care. However, California law directs your health care providers to offer and provide only the care they determine to be currently medically or clinically necessary for you, in accordance with appropriate policies and procedures. Previous orders from other health care facilities or staff, input from health care consultants, and/or your own personal preferences may be considered, but do not control the professional judgment of your current health care providers.

This decision exhausts your administrative remedies.



Digitally signed by HCCAB
Date: 2022.09.08 08:55:25
-07'00'

S. Gates, Chief
Health Care Correspondence and Appeals Branch
Policy and Risk Management Services
California Correctional Health Care Services

September 8, 2022

Reviewed and Signed Date

Note 1: The headquarters' level review is based on records available as of the date the Headquarters' Level Response is signed by the reviewing authority.

Note 2: The closing date reflects the closed, mailed/delivered date of the health care grievance.

STAFF USE ONLY	Expedited? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Tracking #: <u>SOL HC 22000155</u>
Staff Name and Title (Print): <u>J. Barriga RN</u>		Signature: <u>J. Barriga RN</u> Date: <u>5/2/2022</u>

If you think you have a medical, mental health or dental emergency, notify staff immediately. If additional space is needed, use Section A of the CDCR 602 HC A Health Care Grievance Attachment. Only one CDCR 602 HC A will be accepted. You must submit this health care grievance to the Health Care Grievance Office for processing. Refer to California Code of Regulations (CCR), Title 15, Chapter 2, Subchapter 2, Article 5 for further guidance with the health care grievance process.

Do not exceed more than one row of text per line. WRITE, PRINT, or TYPE CLEARLY in black or blue ink.

Name (Last, First, MI): <u>Stephens, Jimmie E.</u>	CDCR #: <u>C56483</u>	Unit/Cell #: <u>C13-9-1L</u>
----------------------------------------------------	-----------------------	------------------------------

SECTION A: Explain the applied health care policy, decision, action, condition, or omission that has had a material adverse effect upon your health or welfare for which you seek administrative remedy:

See attached CDCR 602 HC (Rev. 6/17)

Supporting Documents Attached. Refer to CCR 3999.227 ☐ Yes ☐ No

Grievant Signature:

Date Submitted:

BY PLACING MY INITIALS IN THIS BOX, I REQUEST TO RECEIVE AN INTERVIEW AT THE INSTITUTIONAL LEVEL.

SECTION B: HEALTH CARE GRIEVANCE REVIEW INSTITUTIONAL LEVEL: Staff Use Only	Is a CDCR 602 HC A attached? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
This grievance has been:	
<input type="checkbox"/> Rejected (See attached letter for instruction): Date: _____ Date: _____	
<input type="checkbox"/> Withdrawn (see section E)	
<input checked="" type="checkbox"/> Accepted	
Assigned To: <u>J. Barriga</u>	Title: <u>HCARN</u>
Date Assigned: <u>5/2/22</u>	Date Due: <u>7/6/22</u>
Interview Conducted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Date of Interview: <u>5/10/2022</u>
Interview Location: <u>BA-508</u>	
Interviewer Name and Title (print): <u>J. Barriga RN</u>	Signature: <u>J. Barriga RN</u> Date: <u>5/10/2022</u>
Reviewing Authority Name and Title (print): <u>Michael A. Felder, MS., MBA</u>	Signature: <u>Michael A. Felder</u> Date: <u>5/25/22</u>
Disposition: See attached letter <input type="checkbox"/> Intervention <input checked="" type="checkbox"/> No Intervention	
HCGO Use Only: Date closed and mailed/delivered to grievant: <u>MAY 27 2022</u>	

- | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Disability Code:
<input type="checkbox"/> TABE score \leq 4.0
<input type="checkbox"/> DPH <input type="checkbox"/> DPV <input type="checkbox"/> LD
<input type="checkbox"/> DPS <input type="checkbox"/> DNH
<input type="checkbox"/> DDP
<input type="checkbox"/> Not Applicable | 2. Accommodation:
<input type="checkbox"/> Additional time
<input type="checkbox"/> Equipment <input type="checkbox"/> SLI
<input type="checkbox"/> Louder <input type="checkbox"/> Slower
<input type="checkbox"/> Basic <input type="checkbox"/> Transcribe
<input type="checkbox"/> Other* | 3. Effective Communication:
<input type="checkbox"/> Patient asked questions
<input type="checkbox"/> Patient summed information
Please check one:
<input type="checkbox"/> Not reached* <input type="checkbox"/> Reached
*See chrono/notes |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

4. Comments: 87

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SOL
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STAFF USE ONLY
SEP 08 2022

COMPLETED
SOL
MAY 27 2022
HCGO

SECTION C: Health Care Grievance Appeal. If you are dissatisfied with the Institutional Level Grievance Response, explain the reason below (if more space is needed, use Section C of the CDCR 602 HC A), and submit the entire health care grievance package by mail for Headquarters' (HQ) Level health care grievance appeal review. Mail to: Health Care Correspondence and Appeals Branch, P.O. Box 588500, Elk Grove, CA 95758.

Grievant Signature:

Date Submitted:

SECTION D: HEALTH CARE GRIEVANCE APPEAL REVIEW HQ LEVEL: Staff Use Only

Is a CDCR 602 HC A attached? ☒ Yes ☐ No

This grievance has been:

☐ Rejected (See attached letter for instruction): Date: _____ Date: _____

☐ Withdrawn (see section E) ☒ Accepted

☐ Amendment Date: _____

Interview Conducted? ☐ Yes ☒ No Date of Interview: _____ Interview Location: _____

Interviewer Name and Title (print): _____ Signature: _____ Date: _____

Disposition: See attached letter ☐ Intervention ☒ No Intervention

This decision exhausts your administrative remedies.

HQ Use Only: Date closed and mailed/delivered to grievant: SEP 08 2022

SECTION E: Grievant requests to WITHDRAW health care grievance: I request that this health care grievance be withdrawn from further review. Reason:

Grievant Signature:

Date Submitted:

Staff Name and Title (Print):

Signature:

Date:

<p>RECEIVED HCCAB JUN 15 2022</p>	<p>STAFF USE ONLY</p>
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Distribution: Original - Returned to grievant after completed; Scanned Copy - Health Care Appeals and Risk Tracking System 2.0 (Do not place in central file or health record)

ADA/Effective Communication Patient Summary

As of: 05/02/2022 09:59

Patient Information**NAME:** STEPHENS, JIMMIE
CDCR: C56483**Disability Placement Program****Current DPP Code(s):**
* DLT**DPP Verification/Accommodation Date:** 08/26/17
17:07:45 PDT**Current Housing Restrictions/Accommodations:**
* Bottom Bunk
* Ground Floor- Limited Stairs**Methods of Communication****SLI:****Primary Method:****Secondary Method:****Interview Date:****Developmental Disability Program****Current DDP Code:****Effective Date:****Adaptive Support Needs:****Testing of Adult Basic Education (TABE)****TABE Score:** 08.7**TABE Date:** 04/20/2007 00:00**Learning Disabilities****Learning Disabilities:****English Proficiency****LEP:** No**Primary Language:** English**Durable Medical Equipment****Current ISSUED DME:** Eyeglass Frames Permanent**Dental Prosthetic:****Dental Prosthetic Date:****MHSDS****MHLOC:** GP

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JUN 15 2022

STATE OF CALIFORNIA
HEALTH CARE GRIEVANCE
CDCR 602 HC (Rev. 06/17)

DEPARTMENT OF CORRECTIONS AND REHABILITATION
Page 1 of 2

STAFF USE ONLY		Expedited? <input type="checkbox"/> Yes <input type="checkbox"/> No	Institution: <u>SOL HC 22000155</u>	Tracking #:
Staff Name and Title (Print):		Signature:		Date:

If you think you have a medical, mental health or dental emergency, notify staff immediately. If additional space is needed, only one CDCR 602 HC A Health Care Grievance Attachment will be accepted. You must submit this health care grievance to the Health Care Grievance Office for processing. Refer to California Code of Regulations (CCR), Title 15, Section 3087 for further guidance with the health care grievance process.

Do not exceed more than one row of text per line. WRITE, PRINT, or TYPE CLEARLY in black or blue ink.

Name (Last, First, MI): <u>STEPHENS JIMMIE E</u>	CDCR #: <u>C56483</u>	Unit/Cell #: <u>C-13-91-L</u>
-----------------------------------------------------	--------------------------	----------------------------------

SECTION A: Explain the decision, action, condition, omission, policy, or regulation that has had a material adverse effect upon your health and welfare for which you seek administrative remedy.

My prostate was diagnosed with destroyed sperm glands by DR Liu of San Joaquin as of 4-28-22. Nothing has been done for this problem, as after last colonoscopy & emergency man down, I was diagnosed with an internal bleeding from anus and penis at some time without treatment to make whole as sperm glands lost with

If you need more space, use Section A of the CDCR 602 HC A

☐ Supporting Documents: Refer to CCR 3087.2. List supporting documents attached:

☒ No, I have not attached any supporting documents. Reason: Medical files

Grievant Signature: [Signature] Date Submitted: 4-28-22

BY PLACING MY INITIALS IN THIS BOX, I REQUEST TO RECEIVE AN INTERVIEW AT THE INSTITUTIONAL LEVEL. ☒

HEALTH CARE GRIEVANCE REVIEW INSTITUTIONAL LEVEL: Staff Use Only		Is a CDCR 602 HC A attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	
This grievance has been:			
<input type="checkbox"/> Rejected (See attached letter for instruction): Date: _____ Date: _____			
<input type="checkbox"/> Withdrawn (see section C)			
<input type="checkbox"/> Accepted Assigned To: _____ Title: _____ Date Assigned: _____ Date Due: _____			
Interview Conducted? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of Interview: _____ Interview Location: _____	
Interviewer Name and Title (print): _____		Signature: _____ Date: _____	
Reviewing Authority Name and Title (print): _____		Signature: _____ Date: _____	
Disposition: See attached letter <input type="checkbox"/> Intervention <input type="checkbox"/> No Further Intervention <input type="checkbox"/> No Intervention			
If dissatisfied with Institutional Level Response, complete Section B.			
HCGO Use Only: Date closed and mailed/delivered to grievant: _____			

- | | | |
|---------------------------------------------------------------------------------------|--------------------------------------------------------------------|-----------------------------------------------------------------------|
| 1. Disability Code: | 2. Accommodation: | 3. Effective Communication: |
| <input type="checkbox"/> TABE score ≤ 4.0 | <input type="checkbox"/> Additional time | <input type="checkbox"/> Patient asked questions |
| <input type="checkbox"/> DPH <input type="checkbox"/> DPV <input type="checkbox"/> LD | <input type="checkbox"/> Equipment <input type="checkbox"/> SLI | <input type="checkbox"/> Patient summed information |
| <input type="checkbox"/> DPS <input type="checkbox"/> DNH | <input type="checkbox"/> Louder <input type="checkbox"/> Slower | Please check one: |
| <input type="checkbox"/> DDP | <input type="checkbox"/> Basic <input type="checkbox"/> Transcribe | <input type="checkbox"/> Not reached <input type="checkbox"/> Reached |
| <input type="checkbox"/> Not Applicable | <input type="checkbox"/> Other* | *See chrono/notes |

4. Comments: _____

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COMPLETED SOL MAY 27 2022
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HCGO

STATE OF CALIFORNIA
HEALTH CARE GRIEVANCE
CDCR 602 HC (Rev. 06/17)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Page 2 of 2

Tracking # SOL HC 22000155

SECTION B:

Health Care Grievance Appeal. If you are dissatisfied with the Institutional Level Grievance Response, explain the reason below (if more space is needed, use Section B of the CDCR 602 HC A), and submit the entire health care grievance package by mail for Headquarters' (HQ) Level health care grievance appeal review. Mail to: Health Care Correspondence and Appeals Branch, P.O. Box 533500, Elk Grove, CA 95753.

① Urologist Diagnosis for SERIOUS MEDICAL Condition E.D. on ERECTILE Dysfunction & Diagnosed by A Physician is failing to Treat Violates 8th Amendment when 5-16-22 Dr Hsien Monitored VIAGRA for Serious Blood Flow Obstruction with further Risk of Harm Organs
AS on 6-7-22 Dr Nguyen-Do Denied Hsien Recommendation - Treatment Denied..
even of 5, 10, 15 VIAGRA A month Delay Failure to Treat AS Alternative "ULTRA SOUND" Also An Option for Treatment, Also Denied..
Johnson v Busbee 953, F2d, 349-51 (8th 1991)

Grievant Signature: *James Hsien*

Date Submitted: 6-12-22

HEALTH CARE GRIEVANCE APPEAL REVIEW HQ LEVEL: Staff Use Only

Is a CDCR 602 HC A attached? ☐ Yes ☐ No

This grievance has been:

- ☐ Rejected (See attached letter for instruction): Date: _____ Date: _____
☐ Withdrawn (see section C)
☐ Accepted

Interview Conducted? ☐ Yes ☐ No Date of Interview: _____ Interview Location: _____

Interviewer Name and Title (print): _____ Signature: _____ Date: _____

Disposition: See attached letter ☐ Intervention ☐ No Further Intervention ☐ No Intervention*This decision exhausts your administrative remedies.*

HQ Use Only: Date closed and mailed/delivered to grievant:

SECTION C: Grievant requests to WITHDRAW health care grievance: I request that this health care grievance be withdrawn from further review. Reason:

Grievant Signature:

Date Submitted:

Staff Name and Title (Print):

Signature:

Date:

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JUN 15 2022

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Unauthorized collection, creation, use, disclosure, modification or destruction of personally identifiable information and/or protected health information may subject individuals to civil liability under applicable federal and state laws.

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STAFF USE ONLY

Institution:

Tracking #:

JOL HC 00000155

Attach this form to the CDCR 602 HC, Health Care Grievance, only if more space is needed. Only one CDCR 602 HC A may be used.

Do not exceed more than one row of text per line. WRITE, PRINT, or TYPE CLEARLY in black or blue ink.

Name (Last, First, MI):

CDCR Number:

Unit/Cell Number:

STEPHENS JIMMIE E

C56483

C-13 9-14

SECTION A: Continuation of CDCR 602 HC, Health Care Grievance, Section A only (Explain the decision, action, condition, omission, policy or regulation that has had a material adverse effect upon your health and welfare for which you seek administrative remedy):

Erectile Dysfunction OR (E.D.) based on Negligence of Queen of Valley Hospital as a pattern also 4 counts of gross Negligence by QVH of 2010 and sent back strong Abuse Deliberate Indifference re treatment for prostate cancer with risk of further harm injury ongoing as right to Urologist Denied by Dr. AUNG NAY showing recklessness and DISREGARD ongoing for serious medical under 8th - Treatment Denied, ongoing - Urologist Denied, for Sperm Glonds 8th one time a Dr. LU, NO ED Treatment for serious MEDICAL

Grievant Signature:

Date Submitted:

4-28-22

SECTION B: Continuation of CDCR 602 HC, Health Care Grievance Appeal, Section B only (Dissatisfied with Health Care Grievance Response):

(2) Sperm Glonds Destroyed by Radiation treatment as also failure to treat or of options for treatment as injury - DAMAGES.

As Urologist of 5-16-22 stated Radiation Burned-out entered prostate without proof or diagnosis as visit was by TELEMED no tests or physical contact of 5-16-22 by HSIETH.

Nguyen-Do of 6-6-22 gave no comment on Sperm Glonds. But received Tests Results of 5-26-22 Hematoidil Blood Tests with follow-up as Abnormal needing treatment ongoing Denial of treatment - 8th -

Grievant Signature:

Date Submitted:

6-12-22

COMPLETED

SOL

MAY 27 2022

HCGO

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MAY - 2 2022COMPLETED
HCCAB
SEP 08 2022

STAFF USE ONLY

HCGO

Tracking #: SOLHC 22000155

STAFF USE ONLY Grievants do not write in this area. Grievance Interview Clarification: Document issue(s) clarified during interview

Staff Name and Title: _____

Signature: _____

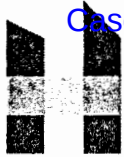
Date: _____

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JUN 15 2022

STAFF USE ONLY

Distribution: Original - Returned to grievant after completed, **Scanned Copy** - Health Care Appeals and Risk Tracking System 2.0 (Do not place in central file or health record)

Unauthorized collection, creation, use, disclosure, modification or destruction of personally identifiable information and/or protected health information may subject individuals to civil liability under applicable federal and state laws.



CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES



Institutional Level Response

Closing Date: MAY 27 2022

To: STEPHENS, JIMMIE (C56483)
C 013 1009001LP
California State Prison – Solano
P. O. Box 4000
Vacaville, CA 95696-4000

Tracking #: SOL HC 22000155

RULES AND REGULATIONS

The rules governing these issues are: California Code of Regulations, Title 15; Health Care Department Operations Manual; Mental Health Services Delivery System Program Guide; California Department of Corrections and Rehabilitation Department Operations Manual.

HEALTH CARE GRIEVANCE SUMMARY

In your CDCR 602 HC, Health Care Grievance, you explained the decision, action, condition, omission, policy, or regulation that has had a material adverse effect upon your health or welfare for which you seek administrative remedy.

Issue

Issue: Referral (Urology)

Description

Feels that based on his history he should be referred to an Urologist for erectile dysfunction, but treatment has been denied.

INTERVIEW

On May 10, 2022, you were interviewed by J. Barriga, Health Care Grievance Registered Nurse (HCARN) regarding this health care grievance. During the interview, you were allowed the opportunity to fully explain your health care grievance issue(s).

INSTITUTIONAL LEVEL DISPOSITION

☒ No intervention. ☐ Intervention.

BASIS FOR INSTITUTIONAL LEVEL DISPOSITION

Your health care grievance package and health record, and all pertinent departmental policies and procedures were reviewed. You have received primary care provider evaluation and monitoring for your history of prostate cancer. The primary care provider completed assessments, noted review of your history, current symptoms, and laboratory/imaging results, and developed a plan of care, including referral for service (RFS) to a Urology Specialist. Per latest Urology encounter notes from May 16, 2022, you remain with no evidence of disease (prostate cancer).

Primary care provider notes show no indication for treatment for erectile dysfunction per Title-15 lack of medical necessity.

Note 1: The institutional level review is based on records available as of the date the Institutional Level Response is signed by the reviewing authority.

Note 2: The closing date reflects the closed, mailed/delivered date of the health care grievance.

Note 3: Permanent health care grievance document. Do not remove from the health care grievance package.

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HCCAP
JUN 15 2022

While you may not agree with the decisions of your treatment team, it does not constitute staff misconduct or deliberate indifference to your health care needs.

Your medical condition will continue to be monitored with care provided as determined medically or clinically indicated by the primary care provider. If you have additional health care needs, you may access health care services by utilizing the approved processes in accordance with California Correctional Health Care Services policy.

While the health care grievance process is a means of setting forth your health care concerns, it is not a substitute for direct communication about your health with your health care providers. You are encouraged to continue your care with your assigned health care providers and share with them new or additional clinical information about your conditions that you believe may affect your care. However, California law directs your health care providers to offer and provide only the care they determine to be currently medically or clinically necessary for you, in accordance with appropriate policies and procedures. Previous orders from other health care facilities or staff, input from health care consultants, and/or your own personal preferences may be considered, but do not control the professional judgment of your current health care providers.

If you are dissatisfied with the Institutional Level Response, follow the instructions on the CDCR 602 HC, Health Care Grievance, and submit the entire health care grievance package for headquarters' level review. The headquarters' level review constitutes the final disposition on your health care grievance and exhausts your administrative remedies.



M. Felder
Chief Executive Officer
CCHCS
California State Prison – Solano

5/25/22

Reviewed and Signed Date

Note 1: The institutional level review is based on records available as of the date the Institutional Level Response is signed by the reviewing authority.

Note 2: The closing date reflects the closed, mailed/delivered date of the health care grievance.

Note 3: Permanent health care grievance document. Do not remove from the health care grievance package.

PROOF OF SERVICE BY MAIL
BY PRISONER "IN PRO PER"

I hereby certify that I am over the age of 18 years of age, that I am representing myself, and that I am a prison inmate.

My prison address is: California Sate Prison - Solano
Housing: C-18-116
P.O. Box 4000
Vacaville, California 95696-4000

On the "date" specified below, I served the following document(s) on the parties listed below by delivering them in an envelope to prison authorities for deposit in the United States Mail pursuant to the "Prison Mailbox Rule":

Case Name: Stephen v Felder Case #: CV-22-01791-EFB
Document(s) Served: 1983 Complaint..

The envelope(s), with postage fully pre-paid or with a prison Trust Account Withdrawal Form attached pursuant to prison regulations, was/were addressed as follows:

Attorney General
1300 i sTREET # 125
sACRAMENTO cALIF.94244

I declare under penalty of perjury that the foregoing is true and correct. This declaration was executed on 4-9-23, in Vacaville, California

"date"

Signature:



STEPHEN mUHAMMED

Printed Name:

Steve Felder